

PSYCHOLOGY ENTRANCE EXAMINATIONS

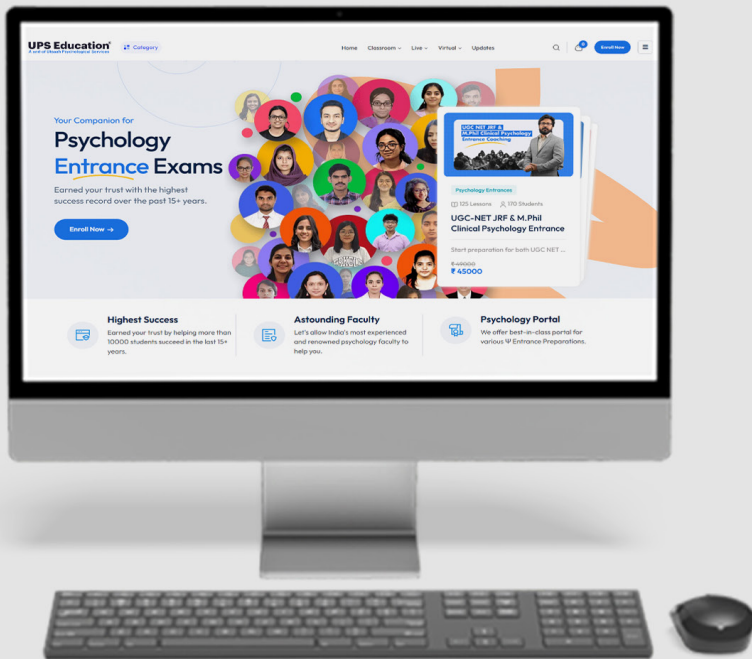
Useful for CUET-PG Psychology, GATE & Other M.A/ M.Sc
Psychology Entrances

Arvind Otta



UPS Education

How to crack Psychology Entrances?



Everything a psychology entrance aspirants need is

Here!

Chapter 16

Abnormal Psychology

Explanations

1. (c) A syndrome is the pattern of symptoms a person manifests.

Explanation: A syndrome refers to a recognizable pattern of symptoms or behaviors that tend to occur together and characterize a particular condition or disorder. It is not synonymous with a symptom, which is a single indicator of a condition. A syndrome can encompass multiple symptoms that collectively point to a specific disorder but is not the same as a mental disorder itself. Syndromes are not collections of related disorders but rather collections of symptoms.

2. (b) insanity.

Explanation: The legal term “insanity” pertains to whether a person is aware of the consequences of their actions and can control their behavior. It is a legal concept used to determine if a defendant can be held responsible for their actions due to a mental disorder affecting their understanding and control of behavior at the time of the crime. This term is distinct from clinical diagnoses like “mental disorder,” “neurotic,” or “psychotic,” which are medical terms describing mental health conditions.

3. (d) supernatural

Explanation: The supernatural view of mental illness dominated nearly all early societies. This perspective attributed mental illness to supernatural forces such as possession by spirits, demonic influence, or divine punishment. Early treatments often involved rituals, exorcisms, and other spiritual practices aimed at addressing these supposed supernatural causes. Over time, naturalistic and psychological views emerged, focusing on biological and psychological factors in understanding and treating mental disorders.

4. (c) vary by culture and with time.

Explanation: The criteria for classifying behavior as psychologically disordered vary by culture and with time. Different cultures have unique beliefs and standards regarding what constitutes normal and abnormal behavior, influenced by their values, traditions, and social norms. Additionally, perceptions and definitions of mental disorders evolve over time due to advances in medical knowledge,

changes in societal attitudes, and updates in diagnostic criteria, such as those found in the DSM (Diagnostic and Statistical Manual of Mental Disorders).

5. (d) high reliability, but the question of validity is harder to answer.

Explanation: The diagnostic categories in DSM-III and DSM-IV are designed to be highly reliable, meaning that different clinicians using the manual are likely to agree on a diagnosis for the same set of symptoms. However, the question of validity—whether these categories accurately capture the true nature of the disorders they describe—is more complex and less certain. Validity involves ensuring that the diagnoses correspond to real and distinct mental health conditions, which is harder to establish due to the complexities of mental health.

6. (c) medical conditions relevant to the disorder.

Explanation: In the DSM (Diagnostic and Statistical Manual of Mental Disorders), clinicians are encouraged to evaluate each client according to five axes, or dimensions. The third axis (Axis III) focuses on medical conditions that are relevant to the mental disorder. These conditions may affect the diagnosis, treatment, or prognosis of the mental disorders and can include physical health issues that might be contributing to or exacerbating the mental health condition. The other axes cover clinical syndromes (Axis I), personality disorders and intellectual disabilities (Axis II), psychosocial and environmental factors (Axis IV), and global assessment of functioning (Axis V).

7. d) basically prisons

Explanation: Early asylums were basically prisons. They were established to confine and isolate individuals with mental illness from society, often under harsh and inhumane conditions. Treatment, if it existed, was rudimentary and often brutal, with little understanding or regard for the well-being of the patients. The primary goal was containment rather than care, leading to overcrowded, unsanitary, and degrading environments for those confined within them.

8. (a) alleviate schizophrenia symptoms.

Explanation: Drugs that block receptors for dopamine, known as antipsychotics or neuroleptics, are used to alleviate symptoms of schizophrenia. Schizophrenia is associated with an overactivity of dopamine in certain brain pathways, and blocking dopamine receptors helps to reduce hallucinations, delusions, and other psychotic symptoms. These medications target dopamine receptors to modulate and decrease excessive dopamine activity, thus helping to manage and alleviate the symptoms of schizophrenia.

Answer Key

9. (b) depression.

Explanation: Feelings of worthlessness and loss of interest and pleasure in life are particularly characteristic of depression. Depression is a mood disorder characterized by persistent feelings of sadness, hopelessness, and disinterest in activities that were once enjoyable. Individuals with depression often experience low self-esteem, feelings of worthlessness, and a lack of motivation. While anxiety, mania, and dissociation can also involve changes in mood and affect, these specific symptoms are most strongly associated with depression.

10. (a) statistical deviation

Explanation: Statistical deviation is not one of the definitions of mental disorder. It refers to the idea that behaviors or characteristics that deviate significantly from the average or norm within a population are considered abnormal. However, mental disorder definitions typically involve more nuanced considerations, such as impairment in functioning, distress, or deviation from cultural norms, rather than solely relying on statistical criteria. Self-destructive behavior, violation of cultural standards, and emotional distress are more commonly included in definitions of mental disorder.

11. (b) cognitive

Explanation: Elaina's therapist attributing her depression to her negative thinking reflects the cognitive model of understanding mental disorders. This model emphasizes the role of dysfunctional thought patterns, beliefs, and interpretations in contributing to psychological distress. Cognitive therapists work with clients to identify and challenge these negative cognitive patterns and replace them with more adaptive and realistic thinking. The biological model focuses on physiological factors such as genetics and neurochemistry, the behavioral model emphasizes learned behaviors and reinforcement, and the psychoanalytic model centers on unconscious conflicts and early childhood experiences.

12. (c) increase levels of norepinephrine.

Explanation: In treating depression, a psychiatrist would probably prescribe a drug that increases levels of norepinephrine. Many antidepressant medications, such as selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), and tricyclic antidepressants (TCAs), work by increasing the availability of neurotransmitters like serotonin and norepinephrine in the brain. These medications help regulate mood, relieve symptoms of depression, and improve overall well-being. While serotonin is also a target for antidepressant medications, increasing levels of norepinephrine is another common mechanism of action for treating depression.

13. (a) reduced activity at synapses where monoamines are the neurotransmitters.

Explanation: Biological explanations of depression often center on the idea that it involves reduced activity at synapses where monoamines, such as serotonin, norepinephrine, and dopamine, are the neurotransmitters. This theory suggests that depression may result from deficits in the availability or function of these neurotransmitters, leading to communication issues between neurons in key brain circuits involved in mood regulation. Medications that increase the availability of these monoamines, such as SSRIs and SNRIs, are commonly used to treat depression, supporting the notion that alterations in monoaminergic neurotransmission play a significant role in the development and maintenance of depressive symptoms.

14. (b) continuous, uncontrollable anxiety or worry.

Explanation: Generalized anxiety disorder (GAD) is characterized by persistent and excessive worry or anxiety about a wide range of everyday events or activities. Individuals with GAD often find it difficult to control their worry, which may be accompanied by symptoms such as restlessness, irritability, muscle tension, fatigue, and difficulty concentrating. Unlike specific phobias (option a), panic disorder (option c), or obsessive-compulsive disorder (option d), which involve more specific symptoms or triggers, GAD is defined by a pervasive and chronic pattern of generalized anxiety and worry.

15. (d) biological predisposition

Explanation: Diathesis refers to a biological predisposition or vulnerability to develop a particular disorder. It suggests that certain individuals may have an inherent susceptibility to developing a disorder under certain environmental or stress-related triggers. The diathesis-stress model is a psychological theory that proposes that the interaction between a person's biological vulnerability (diathesis) and environmental stressors determines the likelihood of developing a psychological disorder.

16. (a) selective attention.

Explanation: Many psychologists believe that the disorganized thoughts of people with schizophrenia result from a breakdown in selective attention. Selective attention is the ability to focus on certain stimuli while ignoring others. In schizophrenia, this cognitive process may be impaired, leading to difficulties in filtering out irrelevant or distracting information and maintaining coherence in thoughts. As a result, individuals with schizophrenia may experience fragmented or disorganized thinking patterns, making it challenging to concentrate, communicate effectively, and maintain logical coherence in their thoughts and speech.

Answer Key

17. (d) conversion disorder.

Explanation: Conversion disorder involves the manifestation of physical symptoms that cannot be explained by a medical condition or neurological disorder. Instead, these symptoms are believed to be a result of psychological factors such as stress, trauma, or unresolved conflicts. In conversion disorder, individuals may temporarily lose certain bodily functions, such as becoming blind, deaf, or paralyzed, in what appear to be dramatic presentations. These symptoms are not intentionally produced and are not under voluntary control. Treatment typically involves psychotherapy aimed at addressing underlying psychological factors contributing to the conversion symptoms.

18. (d) agoraphobia.

Explanation: Agoraphobia is the most disabling fear disorder that accounts for more than half of the phobia cases for which people seek treatment. It involves an intense fear or anxiety about being in situations or places where escape might be difficult or help might not be available in the event of experiencing panic-like symptoms or other incapacitating or embarrassing symptoms. Agoraphobia often leads individuals to avoid situations such as crowded places, open spaces, public transportation, or being outside the home alone. This fear can significantly impair daily functioning and lead to social isolation.

19. (a) emotion

Explanation: Psychologists use the term "affect" to refer to emotion. Affect encompasses the subjective experience of feeling or emotion, such as happiness, sadness, anger, or fear. It includes the expression of these emotions through facial expressions, body language, tone of voice, and other nonverbal cues. Understanding affect is crucial in assessing an individual's emotional state and psychological well-being.

20. (b) evil spirits.

Explanation: Our early ancestors commonly attributed disordered behavior to evil spirits. Before the development of modern medicine and psychology, many cultures believed that mental illness and abnormal behavior were caused by supernatural forces, such as possession by evil spirits or demons. These beliefs led to various rituals, exorcisms, and other spiritual practices aimed at treating or managing mental disorders.

21. (c) bipolar disorder

Explanation: Bipolar disorder is the most severe type of manic-depressive mood disorder. It is characterized by episodes of mania, where individuals experience elevated mood,

increased energy, racing thoughts, and impulsive behavior, alternating with episodes of depression, where individuals experience persistent feelings of sadness, hopelessness, and loss of interest or pleasure in activities. Bipolar disorder can significantly impair daily functioning and may require lifelong management with medication and psychotherapy.

22. (d) high state of exhilaration.

Explanation: Mania is characterized by periods of extreme euphoria, hyperactivity, impulsivity, and decreased need for sleep. It's a distinct mood state from depression or apathy. People experiencing mania often feel invincible, engage in risky behaviors, and have racing thoughts. This heightened emotional state can be a symptom of bipolar disorder or other mental health conditions.

23. (b) dissociative identity disorder.

Explanation: DID is characterized by the presence of two or more distinct personality states or identities, often accompanied by memory gaps beyond ordinary forgetfulness. It was previously referred to as multiple personality disorder. This condition typically arises from severe trauma during childhood, leading to a fragmentation of one's identity as a coping mechanism. Treatment usually involves psychotherapy to integrate the different identities and address underlying trauma.

24. (b) anxiety.

Explanation: Both psychodynamic and learning theorists agree that dissociative and anxiety disorders are symptoms that represent the person's attempt to deal with anxiety. Psychodynamic theorists believe that these disorders are a defense mechanism against unconscious conflicts that can cause anxiety. On the other hand, learning theorists suggest that these disorders can be learned responses to certain stimuli that cause anxiety.

25. (c) sunlight.

Explanation: Seasonal Affective Disorder (SAD) is a type of depression that occurs at a specific time of year, usually in the winter months when daylight hours are shorter. It's believed to be related to changes in sunlight exposure, which can disrupt the body's internal clock and lead to imbalances in neurotransmitters like serotonin and melatonin. This disruption can result in symptoms such as low mood, fatigue, and changes in sleep and appetite patterns.

26. (d) all of the above.

Explanation: Antisocial Personality Disorder (ASPD) is a complex condition with hypothesized causes including problems in behavioral inhibition, neurological impairments, and social

Answer Key

deprivation. Individuals with ASPD often exhibit impulsive behavior, a disregard for the rights of others, and a lack of empathy. While biological factors such as neurological differences may contribute to the development of ASPD, environmental factors like social deprivation during childhood can also play a significant role.

27. (b) culture-bound syndrome; sociocultural.

Explanation: Anorexia nervosa is considered a culture-bound syndrome because its prevalence and manifestation are closely tied to cultural factors, such as societal ideals of beauty and thinness. The sociocultural perspective emphasizes how cultural norms, values, and expectations contribute to the development of psychological disorders. In the case of anorexia nervosa, societal pressures regarding body image and weight can significantly influence the onset and maintenance of the disorder.

28. (b) PET scan (positron-emission tomography).

Explanation: PET scans involve injecting a radioactive tracer into the bloodstream, which then accumulates in areas of the brain with high metabolic activity. This allows researchers to visualize and analyze biochemical activity in the brain. PET scans are useful for studying various neurological and psychiatric disorders, as well as for understanding normal brain functioning.

29. (b) Understanding the nature, causes, and treatment of mental disorders.

Explanation: Abnormal psychology primarily focuses on studying mental disorders, including their nature, causes, symptoms, and treatment. This field aims to understand the psychological, biological, and social factors that contribute to the development and maintenance of mental health disorders. While it may also touch upon other areas like the impact of culture and physical illnesses on mental health, its main emphasis is on abnormal behavior and psychological dysfunction.

30. (a) Hippocrates.

Explanation: Hippocrates, often regarded as the father of medicine, emphasized that mental disorders had natural causes and should be treated like other diseases. He proposed the theory of the four humors, suggesting that an imbalance among bodily fluids (blood, black bile, yellow bile, and phlegm) could lead to various physical and mental illnesses. This perspective laid the foundation for understanding mental disorders within a medical framework rather than attributing them solely to supernatural or divine causes.

31. (b) Categorizing them into supernatural and natural causes

Explanation: Galen, a prominent Greek physician and philosopher during the Roman Empire, categorized the causes of psychological disorders into supernatural and natural causes.

Supernatural causes referred to factors such as demonic possession, curses, or divine punishment.

Natural causes, on the other hand, encompassed physiological and environmental factors that were more in line with what we now understand as medical or psychological explanations. Galen's approach reflects the prevailing beliefs of his time, where supernatural explanations were commonly used to understand phenomena that were not well understood.

32. (c) The Renaissance

Explanation: During the Renaissance, the scientific aspects of Greek medicine did indeed resurface and influence European thought, including in the Islamic countries of the Middle East. While the Renaissance is often associated with the revival of classical learning in Europe, it also led to the rediscovery and reintegration of Greek and Roman medical texts and ideas throughout the Mediterranean region.

During the Renaissance, scholars in Europe began to rediscover and translate ancient Greek and Roman texts, including those on medicine and anatomy. This resurgence of interest in classical knowledge led to a renewed appreciation for the scientific aspects of Greek medicine. Islamic scholars in the Middle East, who had preserved and built upon this knowledge during the Middle Ages, also continued to contribute to its dissemination and advancement.

33. (b) Both (A) and (R) are true, but (R) is not the correct explanation of (A).

Explanation:

Assertion (A) correctly states the American Psychiatric Association's definition of abnormal behavior, which includes behaviors that are deviant, maladaptive, or personally distressful. Reason (R) is also true in stating that typically all three criteria (deviant, maladaptive, and personally distressful) need to be present to label a behavior as abnormal. However, it doesn't fully explain why these criteria are used or the rationale behind them. Therefore, while both statements are true, the reason doesn't provide a comprehensive explanation for the assertion.

34. (c) Renaissance.

Explanation: The Renaissance was a cultural movement that emerged in Europe during the late Middle Ages and early modern period. It emphasized the revival of classical

Answer Key

learning, arts, and literature, as well as a renewed interest in human interests and concerns. Humanism, a key aspect of the Renaissance, placed a strong emphasis on human potential, achievements, and secular values, marking a departure from the dominant religious worldview of the Middle Ages. This movement contributed to significant advancements in various fields, including art, science, philosophy, and literature.

35. (c) Johann Weyer.

Explanation: Johann Weyer, a Dutch physician, was one of the first physicians to specialize in mental disorders during the Renaissance period. He published a notable work titled “De Praestigiis Daemonum” (The Deception of Demons) in 1563, in which he argued against the prevalent belief in witchcraft and demonic possession as explanations for mental illness. Weyer advocated for a more humane approach to treating individuals with mental disorders, considering them as patients in need of medical care rather than as possessed by demons.

36. (d) Philippe Pinel.

Explanation: Philippe Pinel, a French psychiatrist, received permission to remove chains from mentally ill patients at the Bicêtre Hospital in Paris in the late 18th century. He advocated for treating patients with kindness, consideration, and humane methods, rather than resorting to harsh restraints or punitive measures. Pinel’s approach marked a significant shift in the treatment of individuals with mental illness, emphasizing compassion and therapeutic interventions.

37. (b) Behaviourism.

Explanation: Ivan Pavlov’s work on classical conditioning laid the foundation for the behaviorist perspective on abnormal behavior. Behaviorism focuses on observable behaviors and the environmental factors that influence them, rather than on internal thoughts or unconscious processes. Pavlov’s experiments with dogs, in which he conditioned them to associate a neutral stimulus (like a bell) with a reflex response (like salivation), demonstrated how learning occurs through associations between stimuli and responses. This perspective contributed to understanding how abnormal behaviors could be learned and modified through conditioning processes.

38. (a) Both (A) and (R) are true, and (R) is the correct explanation of (A).

Explanation:

Assertion (A) states that Philippe Pinel removed chains from some mentally ill patients as an experiment in treating them with kindness. This is true. Philippe Pinel, a French physician,

is often credited with pioneering humane treatment for individuals with mental illness during the late 18th century. He famously removed the chains and restraints from patients at the Bicêtre Hospital and La Salpêtrière Hospital in France.

Reason (R) states that this experiment was conducted at La Salpêtrière in France in the late 18th century. This is also true. La Salpêtrière was one of the hospitals where Pinel implemented his reforms in the treatment of mentally ill patients. Therefore, both statements are true, and the reason provides the correct explanation for the assertion.

39. (d) All of the above.

Explanation:

According to the sociocultural approach, psychological disorders are understood within the broader social contexts in which individuals live. This perspective emphasizes various social factors, including but not limited to:

Family relationships and culture: Family dynamics, cultural beliefs, and values can significantly influence the development and expression of psychological disorders.

Gender and ethnicity: Societal expectations and norms related to gender and ethnicity can shape individuals' experiences of psychological distress and influence the prevalence and presentation of certain disorders.

Socioeconomic status: Economic factors such as income, education, and access to resources can impact mental health outcomes and contribute to disparities in the prevalence and treatment of psychological disorders.

Technological aspects: The influence of technology, including social media and digital communication, on mental health and well-being is increasingly recognized and studied within the sociocultural context.

40. (a) Biological, psychological, and social factors.

Explanation: The biopsychosocial model emphasizes that abnormal behavior is influenced by the interaction of biological, psychological, and social factors. This approach considers that mental health and behavior are determined by a combination of biological processes (such as genetics and neurochemistry), psychological factors (such as cognitive processes and emotions), and social factors (such as family dynamics, cultural context, and societal influences). By considering these three dimensions together, the biopsychosocial model provides a more comprehensive understanding of the complexity of human behavior and mental health.

41. (b) Both (A) and (R) are true, but (R) is not the correct explanation of (A).

Explanation:

Answer Key

Assertion (A) is true. The sociocultural approach indeed emphasizes how cultural factors influence the understanding and treatment of psychological disorders. This approach recognizes that cultural beliefs, values, norms, and social practices play a significant role in shaping individuals' experiences of mental health and illness.

Reason (R) is also true to an extent, but it oversimplifies the complexity of cultural interpretations of behavior associated with psychological disorders. While different cultures may interpret some patterns of behavior similarly, it's not accurate to say that they interpret all behaviors associated with a disorder in the same way. Cultural interpretations of behavior can vary widely, influenced by cultural norms, beliefs about mental illness, religious or spiritual beliefs, and socio-economic factors.

42. (d) Borderline Personality Disorder.

Explanation: Borderline Personality Disorder (BPD) is characterized by instability in mood, self-image, and relationships, as well as impulsivity. Individuals with BPD may experience intense and unstable emotions, have difficulty maintaining stable relationships, exhibit impulsive behaviors such as reckless spending or substance abuse, and struggle with a poor self-image. These symptoms often lead to significant distress and impairment in various areas of functioning.

43. (b) Approximately 26%.

Explanation: According to the National Institute of Mental Health (NIMH), approximately 26% of adults in the United States aged 18 and older suffer from a diagnosable mental disorder in a given year. This statistic highlights the significant prevalence of mental health issues within the population and underscores the importance of mental health awareness, diagnosis, and treatment.

44. (c) The psychoanalyst.

Explanation: In classical psychoanalysis, the psychoanalyst is responsible for analyzing the patient's unconscious conflicts. The psychoanalyst uses various techniques, such as free association, dream analysis, and transference, to uncover and interpret the unconscious thoughts, emotions, and conflicts that contribute to the patient's psychological symptoms and distress. This process aims to bring the patient's unconscious conflicts into conscious awareness, facilitating insight and resolution of psychological issues.

45. (c) To uncover unconscious conflicts and gain insight.

Explanation: The main goal of psychoanalysis is to uncover unconscious conflicts, desires, and memories that may be contributing to a person's psychological symptoms and

distress. By exploring and gaining insight into these unconscious factors, individuals can develop a deeper understanding of themselves, their emotions, and their behaviors. This increased awareness can lead to personal growth, emotional healing, and the resolution of psychological issues over time. Psychoanalysis typically involves regular sessions with a trained psychoanalyst, who guides the individual through this process of self-exploration and insight.

46. (c) The patient acquiring new behavior patterns after gaining insight

Explanation: In psychoanalysis, “working through” refers to the process where the patient gains insight into their unconscious conflicts and then integrates this understanding into their conscious awareness. As a result of this insight, the patient acquires new behavior patterns or ways of coping with these conflicts. This process involves exploring, understanding, and resolving unconscious conflicts and emotional issues that contribute to the patient’s difficulties.

47. (a) Both (A) and (R) are true and (R) is the correct explanation of (A).

Explanation: Assertion (A) is true. In psychoanalysis, transference indeed plays a crucial role in the therapeutic process. Transference refers to the patient’s unconscious redirection of feelings from past relationships or experiences onto the therapist, which can evoke strong emotions and memories.

Reason (R) is also true and provides the correct explanation for Assertion (A). Transference involves the patient projecting their feelings, such as love, anger, or dependency, onto the therapist, often mirroring past emotional and behavioral patterns from significant relationships. By recognizing and exploring transference, therapists and patients can gain insight into unresolved issues and dynamics from the patient’s past, facilitating deeper understanding and therapeutic progress.

48. (a) Both (A) and (R) are true and (R) is the correct explanation of (A).

Explanation: Assertion (A) is true. Training can be an effective approach for individuals who struggle with social anxiety and assertiveness. Through structured training programs, individuals can learn and practice skills to improve their social interactions and assertiveness. Reason (R) is also true and provides the correct explanation for Assertion (A). Training teaches individuals how to express their feelings directly and honestly without humiliating or degrading others. By learning effective communication techniques and assertiveness skills, individuals can assert their needs and boundaries while maintaining respect for others. This can help individuals with social anxiety feel more confident and comfortable in social situations.

Answer Key

49. (d) Interference from others.

Explanation: According to humanistic therapy, the main obstacle to a person's self-actualization is interference from others. Humanistic psychology, founded by Carl Rogers and Abraham Maslow, emphasizes the inherent potential for growth and self-actualization within individuals. However, obstacles such as societal expectations, criticism, and pressure from others can hinder an individual's ability to realize their full potential and achieve self-actualization. Humanistic therapy aims to create a supportive and non-judgmental environment that allows individuals to explore their feelings, values, and goals, thereby overcoming obstacles and fulfilling their potential.

50. (a) Reflection.

Explanation: In humanistic therapy, the term for the process of seeing the world from the other person's perspective and understanding what they are experiencing is "Reflection." This involves the therapist empathically reflecting the client's thoughts, feelings, and experiences back to them, demonstrating understanding and acceptance. Reflection is a key component of the therapeutic process in humanistic therapy, facilitating client exploration, insight, and self-discovery. It helps foster a supportive and empathic therapeutic relationship, allowing clients to feel heard, understood, and validated.

51. (c) Enmeshed.

Explanation: In an enmeshed family structure, there is a lack of distinctions among subsystems within the family, leading to a high degree of involvement among family members. In enmeshed families, boundaries between individual family members are blurred, and there may be an excessive level of emotional closeness, dependence, and involvement in each other's lives. This can result in difficulties with individuation, autonomy, and establishing healthy boundaries, which may contribute to relational conflicts and difficulties in personal development within the family system.

52. (c) By encouraging patients to give up their facades and resistances.

Explanation: In Gestalt therapy, therapists often challenge patients to gain awareness of their underlying feelings by encouraging them to give up their facades and resistances. Gestalt therapy emphasizes the importance of awareness in the therapeutic process, and therapists may use various techniques to help clients become more fully present in the moment and connected with their authentic emotions and experiences. By encouraging clients to let go of defenses and pretenses, therapists create a safe space for clients to explore their inner world and gain deeper insight into their thoughts, feelings, and behaviors. This process of self-discovery and awareness is central to the therapeutic journey in Gestalt therapy.

53. (b) Both (A) and (R) are true, but (R) is not the correct explanation of (A).

Explanation:

Assertion (A) states that humanistic therapy is often critical of psychoanalytic and behavioral therapies. This assertion is generally true. Humanistic therapy, which emphasizes self-awareness, personal growth, and the client's subjective experience, may critique psychoanalytic therapy for its focus on unconscious drives and conflicts and behavioral therapy for its emphasis on observable behaviors without addressing underlying emotions and meanings.

Reason (R) states that humanistic therapists believe that behavior is determined by unconscious drives and conflicts. This reason is incorrect. Humanistic therapy, as represented by approaches like person-centered therapy, actually emphasizes the importance of conscious experience and personal responsibility rather than unconscious drives and conflicts. Humanistic therapists believe that individuals have the capacity for self-awareness and self-direction, and they strive to create a therapeutic environment that fosters these qualities.

54. (b) Both (A) and (R) are true, but (R) is not the correct explanation of (A).

Explanation:

Assertion (A) states that unconditional positive regard in client-centered therapy means the therapist will always approve of the client's behavior. This assertion is false. Unconditional positive regard does not mean the therapist will always approve of the client's behavior. Instead, it means that the therapist accepts and respects the client as a person, regardless of their behavior, without judgment or criticism.

Reason (R) states that unconditional positive regard implies that the therapist accepts the person for who they are without reservation. This reason is true. Unconditional positive regard in client-centered therapy involves the therapist accepting the client unconditionally, without imposing conditions or judgments on their worth or value as a person.

55. (c) The sociocultural perspective.

Explanation: The sociocultural perspective emphasizes the influence of cultural factors on the understanding and treatment of psychological disorders. This perspective considers how cultural norms, values, beliefs, and societal structures shape individuals' experiences of mental health and illness. It highlights the importance of considering cultural context in assessing symptoms, diagnosing disorders, and designing effective interventions. Cultural factors such as language, ethnicity, religion, socioeconomic status, and cultural stigma can significantly impact the expression, perception, and treatment of psychological disorders.

Answer Key

56. (b) To simplify communication among psychologists.

Explanation: The main purpose of classifying psychological disorders is to simplify communication among psychologists. By categorizing disorders into specific diagnostic categories based on their symptoms, characteristics, and etiology, psychologists can effectively communicate with one another about clients' presenting issues, treatment approaches, and research findings. Classification systems such as the Diagnostic and Statistical Manual of Mental Disorders (DSM) provide a common language and framework for understanding and discussing psychological disorders, facilitating accurate diagnosis, treatment planning, and research in the field of mental health. Stigmatization, limiting treatment options, or increasing the number of diagnosable disorders are not the primary goals of classification systems.

57. (d) Cognitive processes.

Explanation: In the sociocultural approach, cognitive processes are not typically emphasized as a factor influencing the understanding and treatment of psychological disorders. Instead, the sociocultural perspective focuses on various social and cultural factors that shape individuals' experiences of mental health and illness. These factors include, but are not limited to, gender, family relationships, economic status, ethnicity, cultural norms, societal expectations, and access to resources. By considering the broader social and cultural context in which individuals live, the sociocultural approach provides insights into how these factors influence the expression, perception, and treatment of psychological disorders.

58. (d) A combination of biological, psychological, and sociocultural factors.

Explanation: According to the biopsychosocial model, abnormal behavior can be influenced by a combination of biological, psychological, and sociocultural factors. This model recognizes that mental health and behavior are complex and multifaceted phenomena that result from interactions between biological processes (such as genetics, neurochemistry, and brain function), psychological factors (such as cognition, emotion, and personality), and sociocultural influences (such as family dynamics, cultural norms, and socioeconomic status). By considering the interplay of these various factors, the biopsychosocial model provides a comprehensive framework for understanding the development, expression, and treatment of psychological disorders.

59. (a) Both (A) and (R) are true and (R) is the correct explanation of (A).

Explanation: Assertion (A) is true. Classifying psychological disorders can indeed have both positive and negative implications for individuals. On one hand, having a name for a psychological problem can provide validation and comfort, as it validates the individual's

experiences and facilitates understanding and communication about their condition. On the other hand, classification can also lead to stigma, as individuals may be unfairly judged or discriminated against based on their diagnosis.

Reason (R) is also true and provides the correct explanation for Assertion (A). Having a name for a psychological problem can be comforting, as it provides a sense of validation and recognition that one's experiences are not unique or abnormal. However, it can also lead to stigma, as individuals may face prejudice, discrimination, or social rejection based on stereotypes or misconceptions associated with their diagnosis. Stigma can have harmful effects on individuals' self-esteem, social relationships, and access to treatment and support. Therefore, the positive and negative implications of classifying psychological disorders must be carefully considered.

60. (c) Maladaptiveness, deviancy, and social discomfort

Explanation: Maladaptiveness: This refers to behavior that is counterproductive or interferes with one's ability to lead a normal life, perform daily activities, or maintain healthy relationships.

Deviancy: This refers to behavior that significantly deviates from societal norms or expectations. Such behaviors are unusual or rare within the context of a specific culture.

Social Discomfort: This involves behavior that causes discomfort or distress to others. It reflects actions that make other people feel uneasy, anxious, or threatened.

61. (a) Suffering

Explanation: While suffering can often accompany abnormal behavior, it is not a necessary condition for considering a behavior as abnormal. Abnormal behavior can manifest in various ways and may not always result in subjective distress or suffering for the individual. For example, a person may engage in behaviors that are considered abnormal, such as obsessive-compulsive rituals, without experiencing significant distress or suffering. Similarly, individuals with certain personality disorders may exhibit behaviors that are harmful to themselves or others but may not necessarily perceive or experience their behavior as distressing.

62. (d) Their behavior is considered normal in their social group.

Explanation: Individuals with antisocial personality disorder (ASPD) often lack remorse for their actions and fail to recognize the harm they cause to others. They may not see their behavior as problematic if it aligns with the norms and values of their social group. This social context can reinforce and normalize their actions, making it difficult for them to perceive their behavior as maladaptive or harmful. This lack of insight and the normalization

Answer Key

of their behavior within their peer group contribute to their inability to recognize the maladaptiveness of their actions.

63. (d) Behavior that deviates from culturally acceptable norms.

Explanation: In the context of defining abnormal behavior, “deviancy” refers to behavior that deviates from culturally acceptable norms. Each culture establishes norms and standards for behavior, encompassing what is considered typical, appropriate, or desirable within that society. Deviant behavior is behavior that falls outside these accepted norms and is perceived as unusual, inappropriate, or undesirable within the cultural context.

For example, behaviors such as talking to oneself loudly in public, wearing clothing deemed inappropriate for the setting, or engaging in aggressive actions without provocation might be considered deviant in many cultures because they violate societal norms. However, the same behaviors might be considered normal or even valued in other cultural contexts.

64. (b) Whether the behavior is out of character.

Explanation: One of the key factors in determining whether a behavior is abnormal regarding unpredictability is whether the behavior is out of character for the individual. Unpredictable behavior refers to actions or responses that are inconsistent with the person’s typical patterns of behavior, thoughts, or emotions. When a behavior is out of character, it suggests a departure from the individual’s usual way of functioning, which can be indicative of a potential problem or deviation from their baseline behavior. This factor helps assess whether the behavior is abnormal or not, as it considers the person’s typical behavior as a reference point for evaluating the unpredictability of their actions.

65. (a) The severity of the violation and its commonality.

Explanation: Whether a person’s behavior is considered abnormal for violating social and moral rules depends on the severity of the violation and its commonality within the societal context.

Severity refers to the extent to which the behavior deviates from accepted social and moral standards, with more serious or harmful violations typically being viewed as more abnormal. Commonality refers to how frequently similar behaviors occur within the population or society. Behaviors that are rare or uncommonly observed may be perceived as more abnormal, while those that are widespread or culturally sanctioned may be considered more normal, even if they violate social or moral rules.

Together, the severity of the violation and its commonality help determine whether a behavior is deemed abnormal based on its departure from societal norms and expectations.

66. (c) Their ability to control their behavior.

Explanation: The primary factor in evaluating whether a person's unconventional behavior is abnormal is their ability to control their behavior. Abnormal behavior often involves a lack of control or impairment in regulating one's actions, thoughts, or emotions. Individuals may engage in unconventional behaviors due to various factors such as mental illness, cognitive impairment, or developmental disorders. However, what distinguishes abnormal behavior from mere eccentricity or uniqueness is the extent to which the individual can exert control over their actions.

If a person demonstrates an inability to control their behavior despite recognizing its consequences or societal norms, it suggests a potential problem or deviation from typical functioning, which may be indicative of abnormal behavior.

67. (d) Social discomfort.

Explanation: When someone's behavior makes others around them feel uncomfortable or uneasy, it may be considered abnormal, and this discomfort is an example of the criterion for abnormal behavior known as social discomfort.

Social discomfort refers to the degree to which an individual's behavior violates social norms or causes discomfort or unease in others. It reflects the impact of the behavior on interpersonal relationships and social interactions. Behaviors that elicit negative reactions or discomfort from others may be seen as abnormal because they disrupt social harmony or fail to adhere to accepted social norms and expectations.

68. (d) A person with high intelligence and creativity

Explanation: A person with high intelligence and creativity would likely not be considered abnormal based on the given criteria. Anorexia nervosa, antisocial personality disorder, and excessive hand washing are all examples of behaviors or conditions that deviate significantly from societal norms or cause distress or impairment, which are key criteria for defining abnormality in psychology. However, high intelligence and creativity are not inherently indicative of abnormality unless they are accompanied by other symptoms that impair functioning or cause distress.

69. (c) Behavior that affects or is manifested in a person's brain.

Explanation: The American Psychiatric Association (APA) defines abnormal behavior through the lens of mental disorders, which are typically characterized by clinically significant disturbances in cognition, emotion regulation, or behavior that reflect dysfunction in psychological, biological, or developmental processes underlying mental functioning. This definition encompasses how behavior affects or is manifested in a person's

Answer Key

brain, highlighting the importance of brain functioning and psychological processes in determining abnormal behavior.

70. (a) Both (A) and (R) are true and (R) is the correct explanation of (A).

Explanation: Plato believed that individuals who committed criminal acts while mad or afflicted with disease should not receive the same punishment as normal persons. This belief is rooted in the idea that such individuals lacked responsibility for their acts and an understanding of what is right or wrong. Therefore, they should not be held to the same standards of punishment as those who are mentally sound. Thus, both the assertion (A) and the reason (R) are true, and (R) correctly explains (A).

71. (b) Both (A) and (R) are true, but (R) is not the correct explanation of (A).

Explanation: Aristotle did write extensively on mental disorders and made significant contributions to psychology, including his descriptions of consciousness, which makes assertion (A) true. He also believed that disturbances in bodily humors were responsible for various mental disorders, which makes reason (R) true. However, (R) is not the correct explanation for (A) because Aristotle's contributions to psychology and his descriptions of consciousness are not directly explained by his belief in bodily humors causing mental disorders.

72. (c) By the presence of religious or mystical behaviors

Explanation: In ancient cultures, possession by spirits was often interpreted through the behaviors and experiences of the individual. Possession by good spirits was typically associated with positive religious or mystical behaviors, such as inspiration, wisdom, and beneficial guidance. Conversely, possession by evil spirits was linked to negative or harmful behaviors, causing distress, illness, or irrational actions. The nature of the behaviors exhibited by the possessed individual helped these cultures discern whether the possession was by good or evil spirits.

73. (b) Prayer and incantation

Explanation: In ancient times, demonic possession was often treated through religious and spiritual practices. Prayer, incantations, and rituals conducted by religious leaders or shamans were common methods to exorcise the supposed evil spirits. These practices were believed to invoke divine intervention or magical forces to drive out the demons and restore the individual's health and well-being. Surgery, herbal remedies, and psychotherapy were not typically associated with treating demonic possession in these ancient cultural contexts.

74. (c) Brain

Explanation: Hippocrates, often referred to as the “Father of Medicine,” posited that the brain was the central organ responsible for intellectual activity. He believed that the brain was the seat of intelligence, emotions, sensation, and thought, distinguishing it as the primary organ involved in mental processes and cognitive functions. This was a significant departure from earlier beliefs that attributed such functions to the heart or other organs.

75. (c) Mania, melancholia, and phrenitis

Explanation: Mania: Characterized by excessive excitement, euphoria, or irritability. It corresponds to what we might now call manic episodes in bipolar disorder.

Melancholia: Referring to a state of prolonged sadness, depression, or despair. This term aligns with what we now understand as depressive disorders.

Phrenitis: Described as a condition involving inflammation of the brain, leading to symptoms such as delirium, fever, and confusion. While this term may not directly correspond to a modern diagnostic category, it likely encompassed a range of acute mental disturbances.

76. (a) Wandering of the uterus

Explanation: Hippocrates, in his theory of medicine, believed that hysteria (from the Greek word for uterus, “hystera”) was caused by the movement or displacement of the uterus within the female body. He theorized that the uterus could become unanchored and move throughout the body, causing various physical and emotional symptoms. This theory, known as the “wandering womb” theory, was prevalent in ancient Greek medicine and persisted for centuries, attributing female psychological disturbances to the movement of the uterus rather than considering psychological or neurological factors.

77. (c) Emergence of modern experimental science

Explanation: The emergence of modern experimental science, particularly advancements in fields such as anatomy, physiology, pharmacology, and microbiology, played a crucial role in identifying the biological pathology underlying physical and mental disorders. Through systematic observation, experimentation, and the development of new research techniques, scientists were able to uncover the underlying biological mechanisms responsible for various ailments. This shift from philosophical speculation to empirical investigation marked a significant turning point in understanding human health and disease.

78. (d) Sigmund Freud

Explanation: Sigmund Freud, an Austrian neurologist and the founder of psychoanalysis,

Answer Key

revolutionized the field of psychology with his theories on the unconscious mind, psychosexual development, and the structure of personality. Freud's psychoanalytic theory emphasized the importance of unconscious conflicts and desires in shaping human behavior and mental health. He introduced therapeutic techniques such as free association, dream analysis, and transference to explore and resolve unconscious conflicts. Freud's work laid the foundation for modern psychodynamic approaches to understanding and treating mental disorders.

79. (b) Classical conditioning

Explanation: Classical conditioning, famously demonstrated by Ivan Pavlov in his experiments with dogs, involves associating an unconditioned stimulus (UCS) with a neutral stimulus (NS) to elicit a conditioned response (CR). This form of learning suggests that behaviors, including abnormal behaviors, can be acquired through associations between stimuli and responses. Pavlov's work laid the foundation for the behavioral perspective in psychology, which emphasizes observable behaviors and their environmental determinants. It also influenced the development of behavior therapy, which focuses on modifying maladaptive behaviors through techniques such as systematic desensitization and exposure therapy.

80. (c) Central nervous system, autonomic nervous system, or endocrine system

Explanation: The biological perspective in psychology emphasizes the role of biological factors, such as genetics, brain chemistry, and neurological functioning, in the development and manifestation of mental disorders. Mental disorders are often viewed as disruptions or dysfunctions in the central nervous system (including the brain and spinal cord), the autonomic nervous system (which regulates involuntary bodily functions), or the endocrine system (which produces hormones that regulate various physiological processes). Dysfunction in these systems can lead to disturbances in mood, cognition, behavior, and other aspects of mental health.

81. (c) Norepinephrine

Explanation: Norepinephrine, also known as noradrenaline, is a neurotransmitter and hormone that is released in response to stress or danger. It plays a key role in the body's "fight or flight" response, which is the physiological reaction to a perceived threat. Norepinephrine increases heart rate, blood pressure, and blood glucose levels, preparing the body to respond to the threat effectively. This neurotransmitter is associated with arousal, vigilance, and heightened alertness, making it essential for survival in emergency situations.

82. (c) Biological approach

Explanation: The biological approach to understanding psychological disorders emphasizes the role of biological factors, such as genetics, brain structure and function, and neurotransmitter activity, in the development and manifestation of mental health conditions. This perspective views psychological disorders as resulting from abnormalities or dysfunctions in the body's biological systems, including the brain, genetic predispositions, and neurotransmitter imbalances. Treatment approaches based on the biological perspective often involve pharmacotherapy (medication), neuroimaging techniques, and other interventions targeting biological mechanisms underlying mental disorders.

83. (c) Mental illnesses

Explanation: The medical model conceptualizes psychological disorders as mental illnesses or diseases that have biological and psychological causes and can be diagnosed and treated using medical approaches. This perspective views psychological disorders as similar to physical illnesses in that they have identifiable symptoms, causes, and treatments. It emphasizes the importance of diagnosis, classification, and treatment based on scientific principles and evidence-based practices.

84. (c) Psychological approach

Explanation: The psychological approach to understanding psychological disorders focuses on the individual's internal experiences, cognitions, emotions, and personality characteristics as significant factors in the development and maintenance of mental health conditions. This perspective emphasizes the role of psychological processes, such as learning, cognition, and emotion regulation, in shaping behavior and mental health outcomes. It includes various theoretical orientations, such as cognitive-behavioral therapy (CBT), psychodynamic therapy, and humanistic-existential therapy, which all highlight the importance of psychological factors in explaining and treating psychological disorders.

85. (a) Family relationships

Explanation: The sociocultural approach to understanding and treating psychological disorders focuses on the impact of social and cultural factors, including family dynamics, social support networks, cultural norms, and societal expectations, on an individual's mental health. It recognizes that psychological disorders are not solely determined by biological or individual factors but are also influenced by broader social contexts. Family relationships, in particular, play a significant role in shaping an individual's development, behavior, and mental health outcomes.

Answer Key

86. (d) All three domains (biological, psychological, and sociocultural) are significant and can interact.

Explanation: The Biopsychosocial model proposes that psychological disorders result from the interaction of biological, psychological, and sociocultural factors. It suggests that no single domain is solely responsible for the development of mental health conditions. Instead, biological factors (such as genetics, neurotransmitter imbalances), psychological factors (such as cognitive processes, emotions, personality), and sociocultural factors (such as family dynamics, societal norms, cultural influences) all play important roles and can interact in complex ways to contribute to the onset, course, and treatment of psychological disorders. This holistic perspective acknowledges the multifaceted nature of mental health and highlights the need for comprehensive assessment and intervention approaches that address all relevant factors.

87. (c) (A) is true, but (R) is false.

Explanation: Assertion (A) is true because the biological approach attributes psychological disorders to internal causes like brain pathology and neurotransmitter functioning. This approach views mental disorders as manifestations of underlying biochemical or physiological dysfunctions, similar to physical illnesses. It focuses on factors such as genetics, neural communication, and biochemistry, including neurotransmitter levels and hormones, as contributors to psychological disorders.

However, Reason (R) is false because the biological approach primarily focuses on biological factors, not sociocultural factors, in explaining psychological disorders. The biological approach differs from other models as it does not consider variables such as stress or social factors. It examines how brain structures, neural systems, and genetics contribute to the development of disorders like schizophrenia, depression, and anxiety.

88. (c) (A) is true, but (R) is false.

Explanation: - Assertion (A) is true. The sociocultural approach does indeed highlight the influence of cultural aspects like gender, ethnicity, and family relationships in understanding psychological disorders. Reason (R) is false. The sociocultural perspective does not suggest that all cultures interpret the same pattern of behaviors in the same way, leading to consistent labels for psychological disorders. In fact, it emphasizes the diversity of cultural interpretations and expressions of psychological distress, suggesting that cultural context shapes the understanding and labeling of psychological disorders. Therefore, while assertion (A) is true, reason (R) is not accurate.

89. (d) Specific Phobia

Explanation: Specific phobia is a type of anxiety disorder where individuals experience intense fear or anxiety related to a specific object or situation. This fear is disproportionate to the actual danger posed by the object or situation and can lead to avoidance behaviors. People with specific phobias may go to great lengths to avoid encountering the feared object or situation, which can significantly interfere with their daily life functioning. Examples of specific phobias include fear of heights (acrophobia), fear of spiders (arachnophobia), fear of flying (aviophobia), etc.

90. (c) Obsessions

Explanation: Obsessions are intrusive, unwanted, and recurring thoughts, urges, or images that cause significant distress or anxiety in individuals with OCD. These thoughts are difficult to control and can lead to repetitive behaviors or mental acts, known as compulsions, that are performed in an attempt to alleviate the anxiety or prevent a feared outcome. Unlike phobias, which involve intense fear of specific objects or situations, obsessions in OCD can be about a wide range of themes, such as contamination, symmetry, or harm. Hallucinations and delusions are typically associated with other disorders, such as schizophrenia, rather than OCD.

91. (b) Basal Ganglia and Frontal Cortex

Explanation: Research suggests that abnormalities in the basal ganglia, which are involved in motor control and habit formation, and the frontal cortex, which is responsible for decision-making and behavioral control, are associated with OCD. Dysfunction in these brain regions can contribute to the development and maintenance of obsessive thoughts and compulsive actions characteristic of OCD. The amygdala and hippocampus are more commonly associated with emotional processing and memory formation, while the thalamus and hypothalamus are involved in sensory relay and regulation of basic physiological functions. The medulla and pons are primarily responsible for autonomic functions and basic bodily processes.

92. (a) Obsessive-Compulsive Disorder

Explanation: Obsessive-Compulsive Disorder (OCD) is classified separately from Anxiety Disorders in the DSM-5. While OCD involves symptoms of anxiety and often co-occurs with anxiety disorders, it is considered a distinct disorder characterized by recurring obsessions and/or compulsions. Anxiety Disorders in the DSM-5 typically include Generalized Anxiety Disorder (GAD), Social Anxiety Disorder, Panic Disorder, Agoraphobia, and Specific Phobia. OCD is classified under the category of Obsessive-Compulsive and Related Disorders in the DSM-5.

Answer Key

93. (a) Both (A) and (R) are true and (R) is the correct explanation of (A).

Explanation: Assertion (A) is true. Specific phobias may indeed develop when individuals have had a traumatic experience (such as being bitten by a dog) or have observed others demonstrating terror of the same object or situation (such as witnessing someone else's fear of spiders).

Reason (R) is also true. Observational learning (learning by observing others) and classical conditioning (associating a neutral stimulus with a fear response) are explanations commonly used to understand the development of specific phobias. Observing others' fearful reactions or experiencing traumatic events can lead to the acquisition of fear through these mechanisms. Therefore, (R) provides a correct explanation for (A).

94. (b) Both (A) and (R) are true, but (R) is not the correct explanation of (A).

Explanation: Assertion (A) states that social anxiety disorder (social phobia) is characterized by an intense fear of being humiliated or embarrassed in social situations. This assertion is true. Social anxiety disorder is indeed characterized by a persistent and excessive fear of social situations in which the individual may be scrutinized or judged by others, leading to feelings of embarrassment or humiliation.

Reason (R) states that social anxiety disorder is primarily caused by genetic factors, with no significant involvement of neurotransmitters. This reason is partly true, but it oversimplifies the complex etiology of social anxiety disorder. While genetic factors may play a role in predisposing individuals to social anxiety disorder, environmental factors, cognitive factors, and neurotransmitter imbalances (such as serotonin and gamma-aminobutyric acid) also contribute to its development.

95. (d) The use of the *Malleus Maleficarum* in recognizing and dealing with witches

Explanation: Johann Weyer, a physician and demonologist during the 16th century, primarily opposed and attempted to refute the use of the *Malleus Maleficarum* in recognizing and dealing with witches. The *Malleus Maleficarum*, translated as "The Hammer of Witches," was a highly influential treatise on witchcraft written by Heinrich Kramer and Jacob Sprenger in the late 15th century. It provided guidelines for identifying, prosecuting, and punishing witches, contributing to the witch hunts and trials that occurred during the European witch craze.

96. (c) Serotonin is synthesized from a different amino acid and is known as an indolamine.

Explanation: While dopamine and norepinephrine are catecholamines synthesized from the amino acid tyrosine, serotonin (5-hydroxytryptamine) is synthesized from the amino acid

tryptophan and is categorized as an indolamine. This distinct biochemical pathway sets serotonin apart from dopamine and norepinephrine. Serotonin is primarily associated with regulating mood, appetite, sleep, and other physiological functions, whereas dopamine is involved in reward and pleasure pathways, and norepinephrine is implicated in the body's stress response.

97. (b) Actions that violate societal standards, cause societal discomfort, and display a deviation from cultural norms.

Explanation: "Deviancy" refers to behavior that deviates from societal or cultural norms. This reflects the criterion by describing actions that not only violate societal standards but also cause discomfort within society due to their deviation from cultural norms. This scenario highlights the social aspect of deviancy and emphasizes how behavior that significantly deviates from accepted cultural norms may be considered abnormal.

98. (c) Deviation from societal norms, social discomfort, irrationality, and unpredictability in actions.

Explanation: This combination encapsulates the key criteria used to define abnormal behavior:

Deviation from societal norms: Behavior that significantly deviates from accepted societal or cultural norms.

Social discomfort: Behavior that causes distress or discomfort within societal contexts.

Irrationality: Actions or thoughts that lack logical reasoning or coherence.

Unpredictability in actions: Behavior that is inconsistent or unpredictable, making it difficult to anticipate or understand.

99. (c) Free association: Allowing patients to speak freely without restraint or censorship, expressing their thoughts, emotions, and memories during the hypnotic state.

Explanation: Free association involves allowing patients to express their thoughts, emotions, and memories without censorship or restraint. Freud believed that this technique would provide access to the unconscious mind, allowing repressed memories and emotions to surface. Through free association, patients could verbalize their innermost thoughts and feelings, leading to significant emotional releases and what Freud termed "catharsis." This process was instrumental in psychoanalytic therapy for exploring unconscious conflicts and resolving psychological issues.

100. (a) Lightner Witmer: Known for establishing the first American psychological clinic, emphasizing the application of psychological principles to real-world problems.

Answer Key

Explanation: Lightner Witmer is recognized as the founder of clinical psychology and is known for establishing the first psychological clinic in the United States at the University of Pennsylvania in 1896. He emphasized the application of psychological principles to practical issues and is considered a pioneer in the field of applied psychology. Witmer's clinic provided assessment, diagnosis, and treatment services for individuals with learning and behavioral difficulties, laying the foundation for the field of clinical psychology as we know it today.

101. (d) Environmental consequences: Emphasizing the role of outcomes and environmental feedback in reinforcing or discouraging specific behaviors.

Explanation: B.F. Skinner's work focused on operant conditioning, which emphasizes the role of environmental consequences, such as rewards and punishments, in shaping behavior. Unlike Pavlov and Watson, who focused on classical conditioning and emphasized the importance of antecedent stimuli in eliciting reflexive responses, Skinner's research centered on how behaviors are influenced by their consequences. He studied how behavior is shaped through reinforcement and punishment, and how environmental contingencies play a crucial role in determining the likelihood of behaviors occurring again in the future. This emphasis on the environmental consequences of behavior distinguishes Skinner's approach from that of Pavlov and Watson.

102. (b) Norepinephrine, a catecholamine synthesized from a common amino acid, implicated in emergency reactions to stressful situations.

Explanation: Norepinephrine, also known as noradrenaline, is a neurotransmitter and hormone that is released in response to stress or danger. It plays a key role in the body's "fight or flight" response, which is the physiological reaction to a perceived threat. Norepinephrine increases heart rate, blood pressure, and blood glucose levels, preparing the body to respond to the threat effectively. This neurotransmitter is associated with arousal, vigilance, and heightened alertness, making it essential for survival in emergency situations.

103. (d) Serotonin, an indolamine synthesized from a distinct amino acid, associated with emotional disorders, anxiety, depression, and suicide.

Explanation: Serotonin, also known as 5-hydroxytryptamine (5-HT), is synthesized from the amino acid tryptophan, which is different from the amino acids tyrosine and phenylalanine, from which dopamine and norepinephrine are synthesized, respectively. Serotonin is involved in regulating mood, emotion, appetite, sleep, and other physiological functions. Dysfunction in serotonin neurotransmission has been implicated in various emotional disorders, including anxiety, depression, and suicide. Therefore, serotonin plays a crucial

role in processing environmental information and influencing emotional states.

104. (b) Elevated rates of alcohol abuse and exposure to media portrayal of suicide.

Explanation: Research suggests that elevated rates of alcohol abuse and exposure to media portrayal of suicide are significant sociocultural factors contributing to the high rate of suicide attempts among Native American/Alaska Native (NA/AN) females. Alcohol abuse is prevalent in many Native American communities and is often associated with increased risk of suicidal behavior. Additionally, exposure to media portrayals of suicide, which can glamorize or sensationalize the act, may influence vulnerable individuals, including adolescents, to attempt suicide. These factors intersect with broader social and cultural contexts within Native American communities and contribute to the disproportionate rate of suicide attempts among NA/AN females.

105. (c) Intense fear of weight gain that persists despite significant weight loss, distorted body image, and the refusal to maintain a healthy weight.

Explanation: Anorexia nervosa is characterized by an intense fear of weight gain, even when underweight, distorted body image, and refusal to maintain a healthy weight. This description encompasses the key features of the disorder, including the psychological aspect (fear of weight gain), the physical aspect (significant weight loss), and the behavioral aspect (refusal to maintain a healthy weight). It reflects the diagnostic criteria outlined by the American Psychiatric Association for anorexia nervosa.

106. (b) Experiences that are sensory in nature, involving hallucinations, delusions, and disordered thoughts.

Explanation: Positive symptoms of schizophrenia refer to experiences or behaviors that are added to or exaggerated from typical functioning. These symptoms include hallucinations (perceiving things that aren't there), delusions (false beliefs), and disordered thoughts (difficulty organizing thoughts or making logical connections). These symptoms are often sensory in nature and represent an excess or distortion of normal functioning.

107. (d) Sensory experiences occurring in the absence of actual stimuli, manifesting as auditory, visual, or occasionally as smells or tastes.

Explanation: Hallucinations in schizophrenia can occur across various sensory modalities, including auditory, visual, olfactory (smell), and gustatory (taste). These experiences are perceived as real by the affected individual but are not generated by external stimuli. Auditory hallucinations, particularly hearing voices, are the most common type experienced by individuals with schizophrenia, but hallucinations can also involve other

Answer Key

sensory modalities.

108. c) Stigmatization: the process by which labeling psychological disorders fosters the development of negative stereotypes, contributing to societal biases and prejudices against those with such conditions.

Explanation: Stigmatization, refers to the process by which labeling individuals with psychological disorders leads to the development of negative stereotypes. When individuals are labeled as having a mental health condition, negative stereotypes about their abilities, behavior, and character may emerge in society. These stereotypes can contribute to societal biases and prejudices against those with mental health conditions, leading to discrimination and social exclusion. Stigmatization can have significant negative effects on individuals' self-esteem, mental health treatment-seeking behavior, and overall well-being. It creates barriers to accessing necessary support and resources and can perpetuate misconceptions and misunderstandings about mental illness.

109. (d) Lithium, a simple chemical element found to effectively control mania and prevent future episodes of manic and depressive states in bipolar affective disorder.

Explanation: Lithium was initially discovered accidentally in the 1940s when it was being used for a different purpose. It was found to have mood-stabilizing properties and became recognized as one of the most effective treatments for managing mania and preventing future episodes of both mania and depression in bipolar affective disorder. Unlike other medications listed (chlorpromazine, valium, and tricyclic antidepressants), lithium is specifically known for its effectiveness in bipolar disorder management. It is commonly prescribed as a first-line treatment for bipolar disorder due to its mood-stabilizing effects.

110. (b) Norepinephrine and serotonin, neurotransmitters whose increased levels are believed to relieve depression symptoms.

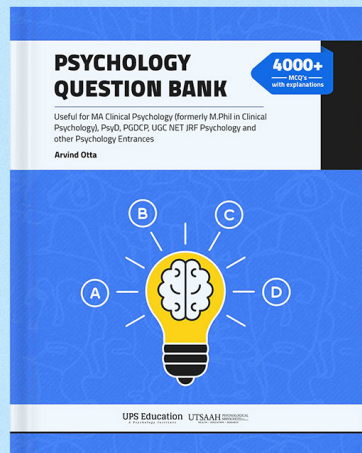
Explanation: Tricyclic antidepressants work by inhibiting the reuptake of neurotransmitters, particularly norepinephrine and serotonin, in the brain. By blocking the reuptake of these neurotransmitters, tricyclic antidepressants increase their levels in the synaptic cleft, leading to enhanced neurotransmission. This increase in norepinephrine and serotonin levels is believed to alleviate depression symptoms by enhancing mood regulation and improving overall brain function. While other neurotransmitters listed (dopamine, GABA, acetylcholine, and glutamate) play roles in various brain functions, they are not primarily targeted by tricyclic antidepressants for their antidepressant effects.

PSYCHOLOGY QUESTION BANK

Buy now



Available at:
www.upseducation.in

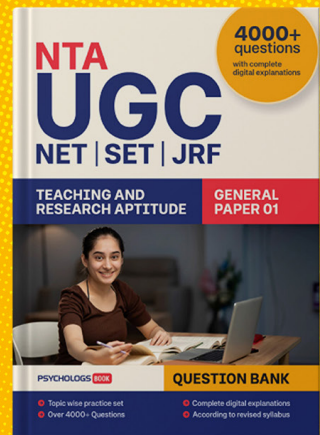


UGC NET JRF PAPER-1 | TEACHING AND | RESEARCH APTITUDE | PRACTICE SET

Buy now



Available at:
www.upseducation.in

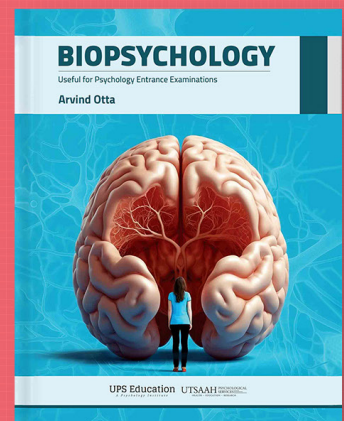


BIOPSYCHOLOGY

Buy now



Available at:
 www.upseducation.in



PSYCHOLOGY ENTRANCE EXAMINATIONS

Useful for CUET-PG Psychology, GATE & Other M.A/
M.Sc Psychology Entrances

Arvind Otta

Features

- ▶ As per as latest syllabus of CUET-PG Psychology, GATE & Other M.A/ M.Sc Psychology Entrances.
- ▶ Last 10 years question papers were analyzed to write this book for better results.
- ▶ Various strategies are used to make your understanding more accessible.
- ▶ Updated source of multiple choice questions with supportive contents.

About the author

Arvind Otta is a prevalent name who has been working continuously for many years toward human rights and equality for persons suffering from mental health issues and playing a vital role in reducing stigma and taboos related to mental health. He has been awarded the Gold medal by the contemporary Lok Sabha Speaker in 2003 and Asia's Youngest Best Mental Health Professional in 2018.

Arvind Otta currently serves as the editor-in-chief of Psychologs magazine, India's only print mental health magazine.

Arvind Otta has been teaching Psychology for the past 15 years and has helped over 10000 students crack various psychology entrance exams. He has authored 8 books on mental health and psychology, wrote 120+ articles & editorials on mental health, and delivered more than 11000 hours of lectures on various platforms, and this process is continuing.

    /arvindotta

 www.upseducation.in

    /upseducation

