AP PSYCHOLOGY • EXERCISE SHEET

5.4 Selection of Categories of Psychological Disorders

Name: ____________ Class: ________ Date: __________ **Total: 34 marks**

KEY WORDS anxiety 焦虑 • bipolar 双相 • depressive 抑郁 • schizophrenia 精神分裂症 • hallucinations 幻觉

Objective

Build the skills to answer exam questions on the main **categories of disorder** 障碍类别.

You must be able to:

- state the defining feature of an **anxiety** 焦虑 disorder
- state the defining features of **depressive** 抑郁 and **bipolar** 双相 disorders
- describe the main features of **schizophrenia** 精神分裂症
- distinguish a category from a normal reaction to circumstances

1 Worked examples

Study these first. Each one shows the method for a task used later.

Anxiety disorders

Persistent, excessive fear or worry that is out of proportion to the actual threat and impairs functioning. The distinguishing feature is not the presence of fear but its persistence and disproportion.

Depressive and bipolar

A **depressive** disorder involves persistent low mood or loss of interest with associated changes in sleep, appetite, energy and concentration. **Bipolar** disorder additionally involves periods of markedly elevated, expansive or irritable mood with increased activity.

Schizophrenia

Features include disturbances of thought and perception — delusions and hallucinations — disorganised speech, and reductions in motivation and emotional expression. It is a disorder of thought and perception, not of having "two personalities".

Category against reaction

Grief after a bereavement, or fear before a genuinely dangerous event, is not by itself a disorder. Duration, disproportion and impairment are what distinguish a disorder from an expected reaction.

The categories, each by its defining feature

A disorder is diagnosed only when the behaviour causes **significant distress or impairment** in daily functioning — that clause is what separates a disorder from a normal reaction to difficult circumstances, and it belongs in almost every answer.

Category	Defining feature	Named examples
anxiety disorders 焦虑障碍	persistent, excessive fear or worry that is out of proportion to any real threat	generalised anxiety disorder, panic disorder, specific phobia, agoraphobia
obsessive-compulsive and related	intrusive **obsessions** and repetitive **compulsions** performed to reduce the anxiety they cause	OCD, hoarding disorder
depressive disorders 抑郁障碍	persistent low mood and **anhedonia** — loss of interest or pleasure — for at least two weeks	major depressive disorder, persistent depressive disorder
bipolar disorders 双相障碍	episodes of **mania** (elevated mood, reduced need for sleep, risk-taking) usually alternating with depression	bipolar I, bipolar II
trauma- and stressor-related	symptoms following exposure to a traumatic event	PTSD
schizophrenia 精神分裂症	psychosis: a loss of contact with reality	—
dissociative disorders	disruption of identity, memory or consciousness	dissociative identity disorder, dissociative amnesia
feeding and eating disorders	disturbed eating behaviour with distorted body image	anorexia nervosa, bulimia nervosa
personality disorders	enduring, inflexible patterns of inner experience and behaviour	borderline, antisocial

Schizophrenia has two kinds of symptom, and the words are counter-intuitive:

- **Positive symptoms** are things ADDED to normal experience — **delusions** 妄想 (false beliefs held despite evidence), **hallucinations** 幻觉 (perceptions without a stimulus, most often auditory), disorganised speech, disorganised motor behaviour.

- **Negative symptoms** are things TAKEN AWAY — **flat affect** (reduced emotional expression), **avolition** (loss of motivation), reduced speech, social withdrawal.

Positive does not mean good, and negative does not mean bad; they describe addition and subtraction. Mixing them up is the commonest error on this topic.

Worked example. A student has felt low for three weeks, has stopped seeing friends and no longer enjoys the sport she used to love, and is missing classes. Which category does this suggest, and what makes it a disorder rather than ordinary sadness?

1. Persistent low mood plus **anhedonia** for more than two weeks points to a **depressive disorder**.
2. It counts as a disorder because it causes **impairment in daily functioning** — she is missing classes and has withdrawn socially — rather than being a proportionate, temporary response to a specific event.

2 Practice

2.1 State the defining feature of an anxiety disorder. [2]

2.2 State one feature that distinguishes bipolar from depressive disorder. [2]

2.3 A person experiences low mood for two weeks after a bereavement.

(a) State why this alone is not a diagnosis. [1]

(b) State one feature that would raise concern. [1]

2.4 State the defining feature of a dissociative disorder and name one example. [2]

2.5 Distinguish a positive symptom of schizophrenia from a negative symptom, giving one example of each. [4]

2.6 Explain what must be true of a behaviour before it is classed as a disorder. [2]

3 Exam-style questions

3.1 Delusions and hallucinations are most characteristic of [1]

- **A** an anxiety disorder
- **B** a depressive disorder
- **C** schizophrenia
- **D** bipolar disorder without psychosis

3.2 The claim that schizophrenia means having “two personalities” is [1]

- **A** accurate
- **B** a common misunderstanding
- **C** part of the diagnostic criteria
- **D** true only in children

3.3 A student feels intense fear before every presentation and avoids courses that require them.

(a) State the two features that suggest a disorder rather than ordinary nerves. [2]

(b) State one reason a diagnosis should not be made from this description alone. [1]

3.4 Four people are described below.

- **A** has felt persistently low for a month, has lost interest in activities she used to enjoy, and has stopped attending work.
- **B** hears voices that others cannot hear and believes his neighbours are broadcasting his thoughts.
- **C** repeatedly checks that the door is locked, up to forty times, and feels intense anxiety if prevented.
- **D** had a week of barely sleeping, spending far beyond his means and speaking rapidly, followed by weeks of low mood.

(a) Identify the most likely category of disorder for each person. [4]

(b) For person B, name the two symptoms described and state whether each is positive or negative. [3]

(c) Explain why the symptoms shown by person A are classed as a disorder rather than an ordinary reaction to a difficult time. [3]

(d) Person C's behaviour has two components. Name them and explain how they relate to each other. [3]

(e) Explain why "positive" and "negative" symptoms are poor names, and state what they actually mean. [2]

Solutions

2.1 persistent, excessive fear or worry that is out of proportion to the actual threat and impairs functioning.

2.2 bipolar disorder additionally involves periods of markedly elevated, expansive or irritable mood with increased activity.

2.3 (a) grief after bereavement is an expected reaction, not by itself a disorder. (b) any one of: persistence well beyond the expected period; severe impairment of functioning; symptoms disproportionate to the loss.

2.4 A dissociation from, or disruption of, a person's identity, memory or consciousness; one example: dissociative identity disorder or dissociative amnesia.

2.5 A positive symptom is something added to normal experience, for example a hallucination or a delusion; a negative symptom is something taken away from normal experience, for example flat affect or avolition.

2.6 It must cause significant distress or impairment in daily functioning, rather than being a proportionate response to circumstances.

3.1 **C**. disturbances of thought and perception define schizophrenia.

3.2 **B**. it is a widespread misunderstanding of the condition.

3.3 (a) disproportion to the actual threat; impairment, since it changes course choices. (b) a diagnosis requires a full clinical assessment, including duration and other explanations.

3.4 (a) A: a depressive disorder. B: schizophrenia. C: obsessive-compulsive disorder. D: a bipolar disorder.
(b) Auditory hallucinations and a delusion; both are positive symptoms.
(c) The low mood has persisted for a month and is accompanied by anhedonia; it causes impairment in daily functioning, since she has stopped attending work; ordinary sadness is proportionate to an event and does not persist or impair functioning in this way.
(d) Obsessions — intrusive, unwanted thoughts about the door being unlocked; and compulsions — the repeated checking; the compulsion is performed to reduce the anxiety the obsession causes, which is why preventing it increases distress.
(e) They suggest good and bad, which is not what they mean; positive means a symptom ADDED to normal experience and negative means one taken AWAY from it.