

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.