### STUDY GUIDE

**CHAPTER 2**

1. Outline five assumptions shared by biological perspectives.
2. How do biological perspectives conceptualize abnormality using a medical model? What are four kinds of biological perspective explanations of abnormal behavior?
3. Explain the basics of neural communication, make sure to define neurons, neurotransmitters, and action potentials.
4. Name the brain’s primary inhibitory and excitatory neurotransmitters.
5. What is the neurochemical effect of selective serotonin reuptake inhibitors (SSRIs)?
6. Describe which of these neurons are excitatory and which are inhibitory: dopamine, serotonin, norepinephrine, GABA, glutamate. Which of these neurotransmitters are amino acids? Which are monoamines? Which are indolamines?
7. Define the following brain structures: brain stem, cerebellum, corpus callosum.
8. What is the limbic system? What brain structures are part of the limbic system and what roles do they play? Name several presenting problems in which these limbic structures have been implicated.
9. How are brain chemistry and brain structure related in thinking about psychopathology?
10. Define genes, chromosomes, DNA, and RNA. How are they related to one another?
11. What are alleles and what is the difference between dominant and recessive alleles?
12. How does a person’s genotype differ from his or her phenotype?
13. What is heritability? How does phenotypical variation relate to heritability? What are heritability estimates and what do they purportedly measure?
14. What does it mean to say that gene expression is polygenic? Why is the idea of polygenic inheritance important in thinking about presenting problems?
15. Describe the basics of Darwin’s evolutionary theory (including the terms “fitness” and “survival of the fittest”) and explain how evolutionary perspectives apply evolutionary theory to explaining abnormality.
16. What is the immune system and what role might it play in psychopathology?
17. What are germ theories? Give three examples of germ theories that have been used to explain psychopathology.
18. Name three strengths and three weaknesses that are often attributed to biological perspectives.
19. Define psychotherapy and indicate what sorts of explanations of abnormality are offered by those espousing psychological perspectives.
20. What is the difference between psychoanalysis and psychodynamic perspectives?
21. Describe five psychodynamic assumptions.
22. In classic psychoanalysis, what are psychic energy and libido? How do these terms illustrate that classic psychanalysis is a drive theory?
23. What are id, ego, and superego?
24. Differentiate Freud’s topographic and structural models of personality.
25. List Freud’s psychosexual stages.
26. What is the pleasure principle?
27. What do psychoanalytic theorists mean when they use the term “fixation?” Describe oral fixation. What do psychanalysts believe is the psychological outcome of fixation at the oral stage?
28. Describe which stage leads to the development of the ego. How does this development occur? Why might a child become fixated at this stage and what two personality types potentially result from this fixation?
29. Explain how the superego emerges during the phallic stage. How are the Oedipal and Electra complexes critical to the superego’s emergence?
30. Describe how the Oedipal and Electra complexes are different. How do these differences affect superego development, according to classic psychoanalytic theory?
31. What is psychoanalysis? Define two therapeutic techniques used in psychoanalysis and why they are important.
32. How are transference and countertransference defined in psychoanalysis? Why are they important?
33. What is object relations therapy? Make sure to define what is meant by an “object.”
34. Describe the importance of early childhood attachments in object relations therapy, making sure to include a definition of the term “splitting.”
35. Define and give examples of projective identification.
36. How do object relations therapists differentiate “good” from “bad” transference? What do they mean when they talk about providing therapy patients with a corrective emotional experience?
37. What is time-limited dynamic psychotherapy (TLDP)? What theoretical approaches does it draw from? What is the TLDP concept of the cyclical maladaptive pattern?
38. Outline four strengths and four weaknesses of psychodynamic perspectives?
39. How does the behavioral perspective—especially in its pure, radical behaviorist form—conceptualize psychopathology?
40. What are the five behavioral assumptions?
41. Explain the basics of classical conditioning, including definitions of these terms: unconditioned stimulus (US), unconditioned response (UR), conditioned stimulus (CS), and conditioned response (CR). Illustrate classical conditioning in action by describing what happened with Pavlov’s dogs or with Watson and Little Albert.
42. What did Skinner mean when he spoke of operant conditioning? Describe the two types of reinforcement and two types of punishment involved in operant conditioning.
43. What is social learning theory? How did Bandura illustrate the idea of social learning with his famous “Bobo” doll experiment?
44. Define the basics of behavior therapy, including these terms: extinction, exposure therapy, exposure plus response prevention, and systematic desensitization.
45. Summarize four strengths and four weaknesses of behavioral perspectives?
46. What are cognitive perspectives? How are they different from psychodynamic and behavioral approaches?
47. Describe five cognitive assumptions.
48. What is cognitive therapy? Describe the four levels of cognition outlined by Aaron Beck.
49. What are cognitive distortions? Give examples of common cognitive distortions.
50. Describe the ABCDE model of psychological problems advanced by Albert Ellis in his rational emotive behavior therapy (REBT). Give an example of the ABCDE model in action.
51. Outline three strengths and three weaknesses of cognitive perspectives.
52. How do humanistic perspectives think about people and their psychological problems? What view of human nature is put forward by traditional humanistic therapists? How is this view of human nature slightly different for existential and constructivist therapists?
53. What is reductionism and why do humanistic perspectives reject it?
54. Describe Rogers’ person-centered therapy, including these terms: actualizing tendency, self-actualization, organismic valuing process, unconditional regard, conditional regard, congruence, core conditions for change, and genuineness.
55. Why is person-centered therapy non-directive?
56. What is the existential view of the person and how do existential therapists see inauthenticity and authenticity as critical to understanding people’s psychological problems?
57. How do constructivist perspectives conceptualize psychological difficulties?
58. Outline the basics of narrative therapy, making sure to explain the narrative technique of externalizing the problem.
59. Sketch three strengths and three weaknesses of humanistic perspectives.
60. What do sociocultural perspectives emphasize? How do such perspectives reframe emotional suffering differently than biological and psychological perspectives? What factors do sociocultural theorists tend to stress in explaining presenting problems?
61. Outline five assumptions made by sociocultural perspectives.
62. How do multicultural perspectives understand abnormality? What do such perspectives tend to say about the cultural universality of mental disorders?
63. Distinguish between multicultural perspectives that reframe psychopathology entirely in social terms from those that don’t. What is meant by those who say that abnormality is socially constructed?
64. How do social justice perspectives understand abnormality? How do they challenge the more traditional view of abnormality as the product of mental “ill health?”
65. What is feminist therapy? How do feminist ideas such as patriarchy, “the personal is political,” false-consciousness, and consciousness-raising inform feminist therapy? Why does feminist therapy fit within a social justice perspective?
66. Discuss consumer and service-user perspectives, distinguishing the consumer movement from the service-user/survivor movement.
67. How do systems perspectives understand human functioning? How does this inform a systems perspective on abnormality?
68. What is family systems therapy? What do family systems therapists mean when the talk about someone being the “identified patient?”
69. Sketch the basics of Minuchin’s structural family therapy, including its notions about boundaries, enmeshment, coalitions, and power hierarchies.
70. Outline Bowen’s multigenerational family therapy, including the multigenerational transmission process, triangulation, emotional cutoff, and differentiation.
71. Explain three strengths and three weaknesses of sociocultural perspectives.
72. Describe ways that clinicians integrate biological, psychological, and sociocultural perspectives.