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Abnormal Psychology  
PSY342OA  
April 17, 2023  
Unit Six/Chapter Twelve/Thirteen

## Chapter Twelve

### **1. Define what is meant by a positive symptom of schizophrenia. Then describe in detail four positive symptoms of schizophrenia.**

The positive symptom of schizophrenia is apart of a group of symptoms that pertain to schizophrenia disorder. According to Comer (2016):

Positive symptoms are “pathological excesses,” or bizarre additions, to a person's behavior. Delusions, disorganized thinking and speech, heightened perceptions and hallucinations, and inappropriate affect are the ones most often found in schizophrenia. (p. 387)

One of the symptoms is delusions, which is based on one believing things that are not true or do not exist. The other symptom is disorganized thinking and speech where one is unable to think logically. The third is heightened perceptions and fourth hallucinations. Heightened perceptions are based on memory impairment where their perception and attention increases. Hallucinations mainly auditory is when they hear voices inside their head.

### **2. Define what is meant by a negative symptom of schizophrenia. Then describe in detail four negative symptoms of schizophrenia.**

The negative symptoms of schizophrenia are known as pathological deficits. The four negative symptoms consist of poverty of speech, restricted affect, loss of volition and social withdrawal. The poverty of speech, Comer (2016) mentions that, “People with schizophrenia often have alogia, or poverty of speech, a reduction in speech or speech content” (p. 391). Restricted affect consists of both blunted affect and flat affect. Blunted affect is when one shows less emotions, and the flat affects is when one is emotionless. The loss of volition is showing no interested in completing goals. The social withdrawal is when one withdraws from social environments. They normally withdraw from social environments and become fictitious with their own fantasies.

**7. Describe a typical public state hospital in the United States in the mid-twentieth century.**

The public state hospital in the mid-twentieth century consisted of hospitals, where men and women were diagnosed with schizophrenia that were neglected and abused. The men and women lived in these hospitals with little to no treatment, which resulted in them just being housed within the public state hospitals.

**16. Watch the video “John Nash” below and then answer the following questions: How does Nash’s case illustrate the major symptoms of schizophrenia? What do you believe may have been the major cause of Nash’s schizophrenia? Do you believe we can reason ourselves out of a major psychological disorder? Why or why not?**

The major symptoms of schizophrenia that Nash exhibited were dramatic symptoms, hallucination, and delusions. I believe the major cause of Nash’s schizophrenia was based on genetics, because his son was also diagnosed. After watching the video, I’m not sure if I believe that one could reason themselves out of a major psychological disorder. My reason for believing this is that there are different factors that may contribute to psychological disorders, such as biological which could be based on genetics or chemical imbalances.

## Chapter Thirteen

### **23. Describe the three clusters of personality disorders. In addition, list and briefly describe the specific disorders that make up each cluster.**

The three clusters of personality disorders consist of odd/eccentric, dramatic, and anxious. The first cluster consist of odd and eccentric, Comer (2016) mentions that:

People with these disorders typically have odd or eccentric behaviors that are similar to but not as extensive as those seen in schizophrenia, including extreme suspiciousness, social withdrawal, and peculiar ways of thinking and perceiving things. (p. 424)

The next cluster is dramatic behavior, Comer (2016) mentions that, "The behaviors of people with these problems are so dramatic, emotional, or erratic that it is almost impossible for them to have relationships that are truly giving and satisfying" (p. 431). The third cluster is called anxious and people with this disorder are anxious and fearful. The specific disorders that make up each cluster beginning with odd and eccentric behavior consist of paranoid, schizoid, and schizotypal. The paranoid personality disorder consists of individuals who have issues trusting others, in addition to believing that others intend to cause harm them. The next is schizoid personality disorder and with this disorder the person prefers to be alone and avoid social contact with others. The last odd/eccentric disorder is schizotypal, Comer (2016) mentions that they are, "Anxious around others, they seek isolation and have few close friends" (p. 428).

The second cluster is dramatic behavior that consist of antisocial, borderline, histrionic, and narcissistic. The antisocial personality disorders consist of violent psycho and/or sociopaths. The next is borderline personality disorder, where the person is unstable and exhibits mood swings. The histrionic personality disorder are behaviors that display emotions that are extreme. The narcissistic personality disorder, Comer (2016) mentions that they are, "Convinced of their own great success, power, or beauty, they expect constant attention and admiration from those around them" (p. 444).

The third cluster is anxiety that consist of avoidant, dependent, and obsessive-compulsive. The avoidant personality disorder is when a person is uncomfortable being in the company of others, based on fear of rejection. The next is dependent personality disorder based on one being needy

and depending on others to care for them. The last is obsessive-compulsive personality disorder is when the person is obsessive with order and being a perfectionist.

#### **24. Compare and contrast the "odd/eccentric" and the "dramatic" personality disorders.**

Comparing odd/eccentric and dramatic personality disorder is that they display behaviors that are similar to the behaviors of those with schizophrenia. The dramatic personality disorder, Comer (2016) mentions that, "The behaviors of people with these problems are so dramatic, emotional, or erratic that it is almost impossible for them to have relationships that are truly giving and satisfying" (p. 431). They are similar in the sense that they both deal with paranoia and avoid social relationships; and the treatments for these two disorders are ineffective, because they are misunderstood by therapist.

#### **25. Why is psychotherapy so often ineffective in treating the odd personality disorders?**

The reason why psychotherapy is often ineffective in treating the odd personality disorders is because the therapist has a hard time understanding this disorder. Comer (2016) mentions that, "The causes of this disorder, like those of the odd personality disorders, are not well understood. Treatments range from ineffective to moderate effective (p. 431).

**Watch the video "Mental Health & the Law" below and then answer the following questions: Are people who suffer from a psychological disorder responsible for their behavior? Explain your answer. What do you believe should be done in Claude's case? Do you favor the death penalty? Why or why not?**

People with psychological behavior should be responsible for their behaviors, especially if the client is mentally competent, and is aware of his psychological disorder and refuses treatment.

As for Claude's case, his behavior based on brutally killing the 16-year-old boy resulting in him being executed. I do believe that before determining the execution that they should determine if he was mentally competent when he committed the murder. This way, he would still be charged with the murder, but not receive the death penalty. My view on the death penalty varies because I believe that it's cruel and a harmful way for one to die. On the other hand, depending on the crime; I also believe that it may warrant for one to receive the death penalty. My main concern with the death penalty is making for sure that the person who are convicted committed the crime.

## Reference

Comer, J. & Comer R.J. (2016). *Fundamentals of abnormal psychology (9<sup>th</sup> Ed.)*. New York: Worth Publishers.