

Chapter 13 Teachers

1. When an individual is unaware that they present different personalities to the world this is known as
 - a. Dissociative identity disorder (A)
 - b. Dislocated identity disorder
 - c. Disjointed identity disorder
 - d. Disappropriate identity disorder

2. Dissociative identity disorder is the name for a disorder where
 - a. There is a presence of many distinct identities that each periodically take control of an individual's behaviour. (A)
 - b. There is a lack of any distinct personal identity
 - c. There is confusion about personal identity
 - d. All of the above

3. Dissociative disorders are generally characterised by which of the following significant changes
 - a. sense of identity
 - b. memory,
 - c. perception or consciousness
 - d. All of the above (A)

4. Symptoms of these Dissociative disorders include which of the following
 - a. an inability to recall important personal or life events
 - b. a temporary loss or disruption of identity
 - c. significant feelings of depersonalisation
 - d. All of the above (A)

5. A community sample study by [Seedat, Stein & Forder \(2003\)](#) found what percentage of respondents endorsed 4-5 lifetime dissociative symptoms?
 - a. 6% (A),
 - b. 4%
 - c. 19%
 - d. 11%

6. A community sample study by [Seedat, Stein & Forder \(2003\)](#) respondents endorsed
 - a. 4-5 lifetime dissociative symptoms, (A)
 - b. 10-12 lifetime dissociative symptoms,
 - c. 15-20 lifetime dissociative symptoms
 - d. 1-3 lifetime dissociative symptoms

7. In an American community sample ([Johnson, Cohen, Kasen & Brooks, 2006](#)), figures suggest a 12-month prevalence rate of what percentage for dissociative disorders generally in individuals with a mean age of 33-years.
 - a. 9.1%(A)

- b. 10.1%
 - c. 11.1%
 - d. 13.1%
8. Dissociative amnesia normally manifests itself as a retrospectively reported gap or series of gaps in the individual's ability to verbally recall aspects of their life history, and these gaps are often related to
- a. traumatic or stressful experiences
 - b. involvement in a natural or man-made disaster
 - c. being in an accident
 - d. All of the above (A)
9. Dissociative amnesia is associated with several types of memory disturbances. Localised amnesia is when
- a. the individual is unable to recall events that occurred during a specific time period (A)
 - b. the individual is unable to recall events that happened yesterday
 - c. the individual is unable to recall physical events
 - d. the individual is unable to recall childhood events
10. Dissociative amnesia is associated with several types of memory disturbances. Selective amnesia is when
- a. an individual can recall some, but not all, of the events during a specific time period (A)
 - b. an individual can recall some, but not all, of the events during childhood
 - c. an individual can recall some, but not all, physical events
 - d. an individual can recall some, but not all, of the events that happened yesterday
11. Dissociative amnesia is associated with several types of memory disturbances. Generalised amnesia is when
- a. There is a failure of recall that encompasses the person's entire life (A)
 - b. There is a failure of recall of the entire past week
 - c. There is a failure of recall that encompasses the person's childhood
 - d. There is a failure of recall that for traumatic events
12. Dissociative amnesia is associated with several types of memory disturbances. Continuous amnesia is
- a. The inability to recall events from a specific time up to and including the present (A)
 - b. The inability to recall events from a specific time in childhood up their teenage years
 - c. The inability to recall events from a specific time for up to a week
 - d. The inability to recall events for several days at a time
13. Dissociative amnesia is associated with several types of memory disturbances. Systematic amnesia is

- a. Is a loss of memory that relates to specific categories of information, such as family history. (A)
- b. Is a loss of memory that relates to all physical events only
- c. Is a loss of memory that relates to specific information, such as what the individual ate for lunch
- d. is a loss of memory that relates to specific information, such as how to drive a car.

14. . Acccordong to [Johnson, Cohen, Kasen & Brooks,\(2006\)](#)

The prevalence rate for dissociative amnesia in a community sample is around

- a. 1.8% (A)
- b. 2.8%
- c. 3.8%
- d. 4.8%

15. The basic feature of dissociative fugue is that the individual

- a. suddenly and unexpectedly travels away from home or from their customary place of daily activities(A)
- b. suddenly and unexpectedly develops anterograde amnesia
- c. suddenly and unexpectedly develops retrograde amnesia
- d. suddenly and unexpectedly develops an alternative personality

16. Which of the following is the prevalence rate that has been reported for dissociative fugue in the general population, but which may increase significantly after war and natural disasters

- a. 0.2% (A)
- b. 1.2%
- c. 2.2%
- d. 3.2%

17. Dissociative Identity Disorder (**DID**) is a disorder where

- a. The individual displays two or more distinct identities (A)
- b. The individual become confused and disorientated
- c. The individual is unable to recall events that occurred during a specific time period
- d. The individual suddenly and unexpectedly travels away from home or from their customary place of daily activities

18. In Dissociative Identity Disorder the different identities will

- a. Often deny knowledge of each other,
- b. May battle for control of behaviour,
- c. An identity that is not in control may gain access to consciousness by producing auditory hallucinations
- d. All\of the above (A)

19. In Dissociative Identity Disorder the host identity refers to

- a. The one that existed before the onset of the disorder (A)
- b. The one that was the first to emerge as new identity
- c. The one that is the most dominant
- d. The one that is the most aggressive

20. . In Dissociative Identity Disorder the alter host identities refers to

- a. those that develop after the onset of the disorder (A)
- b. those that existed before the onset of the disorder
- c. those that are the most dominant
- d. those that are the aggressive

21. According to Putnam (1997) many DID sufferers have significantly more than just one alter identity, and suggest the average is around

- a. 13 per sufferer (A)
- b. 4 per sufferer
- c. 6 per sufferer
- d. 8 per sufferer

21. According to Putnam (1997) many DID sufferers have significantly more than just one alter identity, and suggest what percentage of sufferers also report having at least one alter identity that is a child the average is around?

- a. 85% (A)
- b. 95%
- c. 75%
- d. 65%

22. According to Putnam (1997) many DID sufferers have significantly more than just one alter identity, and suggest what percentage of sufferers report having an alter identity that is of the opposite sex ?

- a. 50% (A)
- b. 60%
- c. 70%
- d. 80%

23. According to Putnam, 1997; Putnam, Guroff, Silberman, Barban et al., (1986). What percentage of dissociative identity sufferers have reported childhood sexual and physical abuse, including incest

- a. 95%(A)
- b. 85%
- c. 75%
- d. 65%

24. According to Johnson, Cohen, Kasen & Brooks, (2006) what is the prevalence rate for Dissociative Identity Disorder in a community sample
- around 1.5% (A)
 - around 2.5%
 - around 3.5%
 - around 4.5%
25. Elzinga, van Dyck & Spinhoven (1998) found that the number of reported cases of Dissociative identity Disorder(DID) worldwide rose from 79 in 1980 to 6000 in 1986, and the vast majority of these have been reported in the US.Which of the following could be a reason for this rise?
- The inclusion of DID for the first time as a diagnostic category in DSM-III published in 1980
 - Early cases of DID may simply have been diagnosed as examples of schizophrenia rather than a dissociative disorder
 - Therapists have increasingly used hypnosis in an attempt to get victims of childhood abuse to reveal details of this abuse or to reveal alter identities,
 - All of the above (A)
26. 26. Elzinga, van Dyck & Spinhoven (1998) found that the number of reported cases of Dissociative identity Disorder(DID) worldwide rose from 79 in 1980 to 6000 in 1986, and the vast majority of these have been reported in the US.Which of the following IS NOT a reason for this rise?
- During the 1970s, interest in multiple personality disorder was fuelled by the publication of *Sybil* (Schreiber, 1973), a case history describing an individual with 16 personalities which was later popularised in a Hollywood film
 - Dissociative disorders such as DID are closely associated with trauma and PTSD, and interest in these syndromes grew following the experience of veterans of the Vietnam war,
 - Many of the symptoms of DID can be relatively easily faked
 - Life stressors have been on the increase since that time making individuals more susceptible to DID (A)
27. According to (Ross, 1997)many of the symptoms of DID can be relatively easily faked and some experts estimate that as many as
- 25% of DID cases are either faked or are induced by therapy (A)
 - 35% of DID cases are either faked or are induced by therapy
 - 45% of DID cases are either faked or are induced by therapy
 - 55% of DID cases are either faked or are induced by therapy
28. The central feature of Depersonalization Disorder is persistent or recurrent episodes of depersonalization. These symptoms are characterised by
- feelings of detachment or estrangement from the self
 - the sense of living in a dream or in a film
 - a sense of not being in control of their behaviour
 - all of the above (A)

29. Symptoms of depersonalization are commonly experienced, so depersonalization disorder should only be diagnosed if the symptoms are
- recurrent,
 - cause severe distress
 - disrupt day-to-day living.
 - All of the above (A)
30. Depersonalization symptoms also occur regularly in other disorders, Which of the following is NOT one of these
- Obsessive Compulsive disorder (A)
 - Panic disorder,
 - Schizophrenia,
 - Other dissociative disorders
31. Sufferers of depersonalization disorder often think they are “going crazy” – especially if this is also associated with a sense of derealization (a feeling that the world is strange or unreal). Which of the following is not one of the other common symptoms
- disturbances in the sense of time,
 - obsessive rumination,
 - somatic concerns.
 - Loss of memory (A)
32. In everyday life, depersonalization experiences can occur when the individual is in transitional physiological states such as
- waking up,
 - when feeling tired,
 - practicing meditation,
 - all of the above (A)
33. [Johnson, Cohen, Kasen & Brooks, \(2006\)](#) the 12-month prevalence rate for depersonalization disorder is relatively low at
- 0.8% (A)
 - 0.1%
 - 0.2%
 - 0.5%
34. The factors for dissociative disorders include a history of anxiety and depression that pre-dates the disorder (Putnam, Guroff, Silberman, Barban et al., 1986), and a history of
- childhood abuse (A)
 - drug abuse
 - substance abuse
 - all of the above

35. Factors for dissociative disorders include a history of anxiety and depression that pre-dates the disorder (Putnam, Guroff, Silberman, Barban et al., 1986), and a history of up to what percentage of individuals diagnosed with DID reporting instances of childhood sexual and physical abuse ?
- 95% (A)
 - 85%
 - 75%
 - 65%
36. It is not clear is whether childhood abuse actively contributes to the development of dissociative disorders in a causal way. However, the strength of dissociative symptoms appears to be directly related to
- the age of onset of physical and sexual abuse (A)
 - the nature of physical and sexual abuse
 - the relationship to the perpetrator of physical and sexual abuse
 - all of the above
37. The general view of most psychodynamic theorists is that dissociative symptoms are caused by
- repression (A)
 - ego state
 - conflict
 - gender identity issue
38. According to [McNally, Metzger, Lasko, Clancy et al. \(1998\)](#) individuals with a history of childhood abuse showed:
- No difference in recall of trauma-related words than non-abused control participants (A)
 - Difference in recall of trauma-related words than non-abused control participants
 - Significant difference in recall of trauma-related words than non-abused control participants
 - Significantly altered recall of trauma-related words than non-abused control participants
39. According to [DePrince & Freyd \(2004\)](#) studies have suggested that individuals high in dissociative symptoms do have impaired recall for words associated with trauma under conditions of:
- Divided attention (A)
 - Sub-divided attention
 - Concurrnt attention
 - Contracted attention
40. **State-dependent memory** is a well-established cognitive phenomenon in which the individual is more likely to remember an event if they are:
- In the same physiological state as when the event occurred (A)

- b.** In a different physiological state as when the event occurred
- c.** In the same psychological state as when the event occurred
- d.** In a different psychological state as when the event occurred

41. An individual's autobiographical memory is stored as a series of discrete elements associated with that experience is known as:

- a. Reconstructive memory
- b. Deconstructive memory
- c. State dependant memory
- d. Episodic memory(A)

42. The concept of reconstructive memory argues that memory is stored as a series of discrete elements associated with that experience:

- a. Context
- b. Emotional state
- c. Sensory
- d. All of the above (A)

43. According to Johnson, Hashtroudi & Lindsay (1993), being unable to recall the relevant elements of an autobiographical experience from memory is known as a deficit in:

- a. Source-monitoring ability (A)
- b. Reality -monitoring ability
- c. Personal-monitoring ability
- d. Social-monitoring ability

44. According to Johnson & Raye, 1981, a deficit in what kind of monitoring may lead individuals to doubt that they have actually had a particular experience?

- a. Reality (A)**
- b. Unconscious
- c. Imaginary
- d. Social

45. According to Loftus (1993) when an individual recovers repressed childhood memories of trauma which did not occur, this is known as:

- a. **False recovered memories of trauma (A)**
- b. False memory syndrome
- c. Reconstructive memory syndrome
- d. Deconstructive memory syndrome

46. The symptoms of some dissociative disorders – such as Dissociative Identity Disorder (DID) are very complex and are unlikely to be explained by brain

abnormalities. However, according to Sivec & Lynn, 1995, DID may have been caused by:

- a. Undiagnosed epilepsy (A)
- b. Undiagnosed brain tumour
- c. Undiagnosed prolactinoma
- d. Undiagnosed cancer

47. Some biological explanations of Dissociative Identity Disorder (DID) allude to the role of:

- a. The hippocampus (A)
- b. The hypothalamus
- c. The Amygdala
- d. Corpus callosum

47. Extended periods of stress may also cause long-term, semi-permanent alterations in what?

- a. The release of neurotransmitters (A)
- b. Frontal lobe functioning
- c. Release of endorphins
- d. All of the above

causing long-term amnesic effects for experiences related to trauma?

48. Which of the following provide evidence of alter identities in DID?

- a. Alter identities are significantly less well defined in childhood and appear in adulthood usually after treatment by a therapist has begun
- b. Relatives of individuals with DID rarely report having seen evidence of alter identities before treatment
- c. Individuals who develop DID usually have strong imaginations and a rich fantasy life that enables them to play different roles with some ease
- d. All of the above (A)

48. According to a Swiss survey, Modestin (1992), what percentage of Dissociative Identity Disorder diagnoses in the country were made by the clinicians in the survey

- a. 66% (A)
- b. 56%
- c. 46%
- d. 36%

49. Who has provided a vigorous defence of the psychiatric view that DID is a legitimate diagnostic category and not a construction of the therapeutic process?

- a. Gleaves (1996) (A)
- b. Davey (1994)
- c. Meeten (2006)
- d. MacDonald (2001)

50. In a study by [Spanos et al \(1985\)](#) who performed an experiment based on the case of Kenneth Bianchi, who was accused of a series of murders and rapes in Los Angeles in the 1980s, and who claimed that the murders were committed by an alter identity called 'Steve', participants were asked to undergo hypnosis. What percentage of the groups who underwent hypnosis the same as Bianchi, admitted to having an alter identity?
- 81% (A)
 - 71%
 - 61%
 - 41%
51. In a study by [Spanos et al \(1985\)](#) who performed an experiment based on the case of Kenneth Bianchi, who was accused of a series of murders and rapes in Los Angeles in the 1980s, and who claimed that the murders were committed by an alter identity called 'Steve', participants were asked to undergo hypnosis. Which percentage of the group who's hypnosis did not allude to hidden personalities, revealed an alter identity?
- 31% (A)
 - 51%
 - 81%
 - 12%
52. In a study by [Spanos et al \(1985\)](#) who performed an experiment based on the case of Kenneth Bianchi, who was accused of a series of murders and rapes in Los Angeles in the 1980s, and who claimed that the murders were committed by an alter identity called 'Steve', participants were asked to undergo hypnosis. Which percentage of the control condition who were not hypnotised and were given little or no information about hidden multiple personalities, admitted a hidden personality?
- 13% (A)
 - 35%
 - 65%
 - 43%
53. Which of the following is a problem associated with treating dissociative disorders?
- some of these disorders are rare
 - some dissociative disorders such as dissociative amnesia and dissociative fugue often spontaneously remit
 - some overly directive therapeutic styles may lead to the recovery of false memories
 - All of the above (A)

54. Dealing with recovered memories is often a severely traumatic experience for the client, and may involve the intense re-experiencing of traumatic events. This is known as:
- Abreaction (A)
 - Annareaction
 - Antireaction
 - Disreaction
55. In the treatment of dissociative identity disorders (DID), some overly directive therapeutic styles may lead to the recovery of:
- False memories (A)
 - Induced memories
 - Episodic memories
 - Semantic memories
56. In a survey of 153 clients undergoing therapy for Dissociative Identity Disorder, Piper (1994) found that what percentage of clients achieved a stable integration of their alter identities?
- 25% (A)
 - 35%
 - 45%
 - 15%
57. Recent longer term studies of clients undergoing therapy for dissociative identity disorder (DID), including Kluft (2000) have found what percentage of successful integration over a period of three months after therapy?
- 68% (A)
 - 78%
 - 25%
 - 89%
58. Which of the following is not one of the most commonly used therapies for dissociative disorders?
- Psychodynamic therapy
 - Drug therapy
 - Hypnotherapy
 - Cognitive Behavioural therapy (A)
59. Freud viewed dissociative symptoms, especially dissociative amnesia, as a form of:
- Repression (A)
 - Depression
 - Regression

d. Transgression

60. Freud viewed dissociative symptoms, especially dissociative amnesia, as a form of repression in which memories were considered:
- Too painful to tolerate
 - Too early in life to recall
 - Too embarrassing to discuss
 - All of the above (A)
61. For the individual with Dissociative Identity Disorder, multiple personalities appear to serve a coping function in allowing:
- The individual to abdicate responsibility for actions and emotions to individual identities (A)
 - The sufferer to go 'unconscious'
 - The sufferer to behave in antisocial ways
 - The individual to manipulate those around them
62. Almost any form of psychotherapy is a lengthy process where dissociative disorders are concerned. According to Putnam, Guroff, Silberman, Barban et al (1986) the average treatment program per client over two years is:
- 500 hours (A)
 - 300 hours
 - 150 hours
 - 800 hours
63. Hypnotherapy is a method that is used relatively regularly with those who suffer dissociative disorders. This is because:
- sufferers are unusually susceptible to suggestion and hypnosis
 - It is a cheap form of therapy
 - It enables the therapist to 'meet' the different identities
 - All of the above (A)
63. In dissociative disorders which of the following drugs can be used concurrently with hypnotherapy to help the client recall past events?
- Sodium amobarbital (A)
 - Sodium pentobarbital (A)
 - Sodium pentochloride
 - Sodium Amytal

64. In dissociative disorders the hypnotherapy approach helps individuals to recall events during earlier stages of their life. This is known as:
- Age regression (A)
 - Stage regression
 - Life regression
 - All of the above
65. Hypnotherapy is also used in the treatment of Dissociative Identity Disorder in order to:
- Help bring potential alter identities into consciousness (A)
 - Facilitate the fusion of identities (A)
 - Facilitate the identity of the gender of identities
 - Aid the therapist in communicating with the alter identities
66. Dissociative Identity disorder is often comorbid with which two of the following?
- Anxiety (A)
 - Depression (A)
 - Brain tumours
 - Hormonal disorders
67. Simeon, Stein & Hollander (1995) suggest that which of the following help to alleviate the symptoms of depersonalization disorder?
- SSRIs (A)
 - Antipsychotics
 - Benzodiazepines
 - Antibiotics
68. In depersonalization disorder there is some evidence for abnormalities in what systems?
- Endogenous opioid systems (A)
 - Limbic systems
 - Hormonal systems
 - Lymphatic systems
69. According to Simeon & Knutelska (2005), in depersonalization disorder, opioid antagonists such as naltrexone have been found to reduce depersonalization symptoms by an average of:
- 30% (A)
 - 80%
 - 50%
 - 40%

69. From a sample of 309 males with Depersonalization disorder with a mean age of 33, prevalence rates were:

- a. 2% (A)
- b. 8%
- c. 5%
- d. 9%

70. From a sample of 349 females with Depersonalization disorder with a mean age of 33, prevalence rates were:

- a. 3%(A)
- b. 9%
- c. 13%
- d. 7%

71. From a sample of 309 males with Dissociative amnesia with a mean age of 33, prevalence rates were:

- a. 3% (A)
- b. 13%
- c. 7%
- d. 10%

72. From a sample of 349 females with Dissociative amnesia with a mean age of 33, prevalence rates were:

- a. 9% (A)
- b. 2%
- c. 15%
- d. 18%

73. From a sample of 309 males with Dissociative identity disorder (DID) with a mean age of 33, prevalence rates were:

- a. 5% (A)
- b. 10%
- c. 2%
- d. 23%

74. From a sample of 349 females with Dissociative identity disorder (DID) with a mean age of 33, prevalence rates were:

- a. 5% (A)
- b. 2%
- c. 10%
- d. 18%

75. From a sample of 309 males with Dissociative disorder not otherwise specified (DDNOS) with a mean age of 33, prevalence rates were:

- a. 21% (A)
- b. 32%
- c. 10%
- d. 7%

76. From a sample of 349 females with Dissociative disorder not otherwise specified (DDNOS) with a mean age of 33, prevalence rates were:

- a. 15 % (A)
- b. 7%
- c. 3%
- d. 22%

77. From a sample of 309 males with any dissociative disorder, with a mean age of 33, prevalence rates were:

- a. 30% (A)
- b. 45%
- c. 13%
- d. 53%

78. From a sample of 349 females with any dissociative disorder with a mean age of 33, prevalence rates were:

- a. 30 % (A)
- b. 23%
- c. 45%
- d. 17%

79. Prevalence of dissociative disorders among individuals with co-occurring psychopathologies in the past year at mean age 33. Which of the following is the correct percentage of co-occurrence for Dissociative disorders with anxiety disorders?

- a. 33.3% (A)
- b. 23.3%
- c. 13.3%

d. 43.3%

80. Prevalence of dissociative disorders among individuals with co-occurring psychopathologies in the past year at mean age 33. Which of the following is the correct percentage of co-occurrence for dissociative disorders with eating disorders?

- a. 32% (A)
- b. 45%
- c. 56%
- d. 21%

81. Prevalence of dissociative disorders among individuals with co-occurring psychopathologies in the past year at mean age 33. Which of the following is the correct percentage of co-occurrence for dissociative disorders with mood disorders?

- a. 33.3% (A)
- b. 46.3%
- c. 22.7%
- d. 64.8%

82. Prevalence of dissociative disorders among individuals with co-occurring psychopathologies in the past year at mean age 33. Which of the following is the correct percentage of co-occurrence for dissociative disorders with personality disorders?

- a. 36.5% (A)
- b. 47.3%
- c. 23.7%
- d. 48.8%

83. Prevalence of dissociative disorders among individuals with co-occurring psychopathologies in the past year at mean age 33. Which of the following is the

correct percentage of cooccurrence for dissociative disorders with substance use disorder?

- a. 18.3% (A)
- b. 26.7%
- c. 35%
- d. 55.%

84. Prevalence of dissociative disorders among individuals with co-occurring psychopathologies in the past year at mean age 33. Which of the following is the correct percentage of cooccurrence for dissociative disorders any anxiety, eating, mood, personality, or substance use disorder?

- a. 20% (A)
- b. 15%
- c. 13.7%
- d. 33.7%

85. According to DSM-IV-TR, which of the following are diagnostic criteria for dissociative identity disorder?

- a. The presence of two or more distinct identities or personality states
- b. At least two of these identities or personality states recurrently take control of the person's behaviour.
- c. Inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness.
- d. All of the above (A)

86. According to DSM-IV-TR, which of the following are diagnostic criteria for depersonalisation disorder?

- a. Persistent or recurrent experiences of feeling detached from, and as if one is an outside observer of, one's mental processes or body
- b. During the depersonalisation experience, reality testing remains intact.
- c. The depersonalisation causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- d. All of the above (A)

87. According to Cima, Merckelbach, Hollnack, Knauer et al. (2002). Claims of crime-related amnesia such as this are relatively common. What percentage of individuals who commit violent crimes report no recollections of the event?
- 20-30% (A)
 - 10-15%
 - 5-10%
 - 40-50%
88. According to Hopwood & Snell (1933) there are good incentives for a criminal to fake symptoms of amnesia for a criminal act. It is estimated that about what percentage of criminals fake amnesia?
- 20% (A)
 - 40%
 - 50%
 - 10%
89. According to Merckelbach, Hauer & Rassin (2002); [Jelicic, Merckelbach & van Bergen \(2004\)](#), we can we identify true amnesiacs from those that are faking by using what is called Symptom Validity Testing (SVT). SVT is a forced-choice questionnaire in which defendants are asked a series of questions about their crime. In each question, the defendant must:
- Choose between 2 equally plausible answers one of which is correct and the other is incorrect (A)
 - Identify their victim
 - Perform at levels significantly below chance
 - All of the above
90. According to Merckelbach, Hauer & Rassin (2002); [Jelicic, Merckelbach & van Bergen \(2004\)](#), when using the Symptom Validity Testing (SVT) individuals who are faking amnesia perform at:
- Significantly below chance
 - Significantly above chance
 - No significant difference
 - Get less than 10% correct
91. In dissociative disorders, when attempting to confirm that memories have been repressed, there are a number of issues to address. Which of the following is not one of these issues?
- Can memories of early childhood trauma or abuse be repressed?
 - If they can be repressed, can they subsequently be recovered?
 - If so-called repressed memories are recovered, are they accurate?
 - Have these memories been repressed due to incestuous relationships? (A)

92. Williams (1995) used hospital files to identify 206 women who, as children, had received medical treatment for sexual abuse in the 1970s. Twenty years later, the researcher located these individuals and interviewed them about a range of topics including childhood sexual abuse. Which percentage of those interviewed did not report the incident of sexual abuse for which they were hospitalised?
- 38% (A)
 - 22%
 - 54%
 - 12%
93. Freyd (1996) however, has argued that childhood sexual abuse is qualitatively different from some traumas (e.g. kidnap and holocaust survivors). She suggests that childhood sexual abuse is often perpetrated by a trusted caretaker, such as a parent or close relative, and this gives rise to what is called:
- Betrayal trauma (A)
 - Impostor trauma
 - Mistrust trauma
 - Discount trauma
94. In the US, a famous case of false memory syndrome involved a father who was convicted of murdering a child 20-years earlier on the basis that his daughter suddenly remembered him committing the act while she was undergoing therapy. His name was:
- George Franklin (A)
 - Benjamin Franklin
 - Joe DiMaggio
 - Kenneth Bianchi
95. According to Loftus, 1993, many clients may actively want to believe they have been abused because it would help them to reattribute responsibility or blame for their behaviour or their moods. When the client is encouraged to hold the belief they have been abused, this is known as:
- Over-directive psychotherapy (A)
 - Under-directive psychotherapy
 - Non-directive psychotherapy
 - Directive psychotherapy
96. The famous case history of the 'Emergence of Evelyn' the case of a single, 31-year-old professional woman called Gina. Was reported by:
- Robert F. Jeans (A)
 - Richard, S. Pants
 - Robert F. Skirt
 - Rupert Levi

97. In measuring proness to false recognition in recovered memories. In the laboratory procedure, participants are presented with lists of words, and each list is composed of words associated to a single non-presented 'theme word'. For example, a list may consist of words associated with *sweet* (such as *sour, sugar, bitter, candy*, etc.). After hearing the lists, participants are then given a recognition test where they are presented with words:
- That were presented in the previous lists
 - Words that have *not* been presented before but are related to the theme words
 - control set of words that have never been presented before but which are not related to the theme words.
 - All of the above (A)
98. 98. In measuring proness to false recognition in recovered memories. In the laboratory procedure, participants are presented with lists of words, and each list is composed of words associated to a single non-presented 'theme word'. For example, a list may consist of words associated with *sweet* (such as *sour, sugar, bitter, candy*, etc.). After hearing the lists, participants are then given a recognition test where they are presented with words that have *not* been presented before but are related to the theme words. These are known as:
- False targets (A)
 - Recognition probes
 - False memories
 - All of the above
99. When measuring proness to false recognition in recovered memories a number of studies have used the false target paradigm. According to [Clancy, Schachter, McNally & Pitman \(2000\)](#) a group of women who reported recovered memories of childhood sexual abuse were:
- More prone to false recognition in this laboratory procedure than other groups (A)
 - Less prone to false recognition in this laboratory procedure than other groups
 - Were not prone to false recognition in this laboratory procedure than other groups
 - Thought they had been abducted by aliens
100. According to Clancy, McNally, Schachter, Lenzenweger & Pitman (2002), individuals who exhibit proness to false recognition also report:
- Having been abducted by space aliens (A)
 - Recall previous incarnations
 - Exhibit clairvoyant abilities
 - All of the above

