Please note:
• Not all questions have the same total point value. Please allot your efforts accordingly.
• Point form answers are acceptable, but must be thorough to receive full marks.
• Answers will be marked on how well they exhibit an understanding of the material.
  Answers that contain all the relevant items but are not presented in a clear manner will not receive full marks.
• You may write on the back if necessary.
1. (12 points total) In Pichot’s discussion of the history of nosological models in psychiatry, he talks about the impetus for non-categorical models as coming from two disparate domains. Describe these two domains, and how they would support a non-categorical view of mental illness.

2. (15 points total) Bentall claims (somewhat disingenuously) that happiness can be seen as a psychiatric disorder. Describe 3 criteria that he uses to claim this, and describe one piece of empirical evidence that he gives for each criteria.
3. (22 points total) Describe a study that examined whether depressive cognitions are *schematic*. Explain what this term means, and how the study addressed the question (i.e., what methodology was used and why). What did the study find? What were the conclusions?
4. (20 points total) Teasdale and Dent (1987) examined two theories of vulnerability to future depression in formerly depressed individuals.
   a. (6 points) *Briefly* describe these two theories.

   a. (3 points) What was a critical experimental manipulation in this study, common to many later investigations of vulnerability?

   a. (6 points) Describe the findings of the study. How did the results speak to the two theories under investigation?

   a. (5 points) What was one critical weakness of their study that prevented fully addressing the question of *cognitive* vulnerability?
5. (18 points total) Higgins developed the Self-Discrepancy Theory of anxiety.  
   a. (12 points) Briefly describe the theory.

   a. (6 points) Broadly compare Self-Discrepancy Theory to the Bioinformational Theory of anxiety. In what ways are these theories similar? How do they differ?
6. (12 points total) Describe a study (including method and results) that demonstrates a **judgement bias** in anxiety disorders. (Be sure you are clear as to what a judgement bias is.)

7. (14 points total) Describe a study that used the **dichotic listening** paradigm. Be sure to explain the theoretical question addressed, the methodology used, the results found, and the conclusions made. Be clear as to what the dichotic listening paradigm is, and why it was useful in examining this particular theoretical question.
8. (24 points total) The cognitive effects of anxiety and depression differ in broad yet coherent ways.

a. (14 points total) Describe the general empirical differences between the impacts of depression and anxiety on cognition. For each of the two types of disorders, briefly describe a specific empirical result (from a specific study) that exemplifies the kind of cognitive effects found. (Do not use a study you have already discussed in other exam questions.)

b. (10 points) Describe a theoretical framework that attempts to account for the broad cognitive differences between these types of disorders, making reference to the empirical studies you cited in part a) of your answer.