

Chapter 2: Mental Health/Mental Illness: Historical and Theoretical Concepts

Multiple Choice

Identify the choice that best completes the statement or answers the question.

- _____ 1. A nurse is assessing a client who is experiencing occasional feelings of sadness because of the recent death of a beloved pet. The client's appetite, sleep patterns, and daily routine have not changed. How should the nurse interpret the client's behaviors?
- A. The client's behaviors demonstrate mental illness in the form of depression.
 - B. The client's behaviors are extensive which indicates the presence of mental illness.
 - C. The client's behaviors are not congruent with cultural norms.
 - D. The client's behaviors demonstrate no functional impairment, indicating no mental illness.
- _____ 2. At what point should the nurse determine that a client is at risk for developing a mental illness? A. When thoughts, feelings, and behaviors are not reflective of the *DSM-IV-TR* criteria
- B. When maladaptive responses to stress are coupled with interference in daily functioning
 - C. When a client communicates significant distress
 - D. When a client uses defense mechanisms as ego protection
- _____ 3. A nurse is assessing a set of 15-year-old identical twins who respond very differently to stress. One twin becomes anxious and irritable, while the other withdraws and cries. How should the nurse explain these different responses to stress to the parents?
- A. Reactions to stress are relative rather than absolute; individual responses to stress vary.
 - B. It is abnormal for identical twins to react differently to similar stressors.
 - C. Identical twins should share the same temperament and respond similarly to stress.
 - D. Environmental influences to stress weigh more heavily than genetic influences.
- _____ 4. A client has a history of excessive drinking which has led to multiple driving under the influence (DUI) arrests. The client states, "I work hard to provide for my family. I don't see why I can't drink to relax." The nurse recognizes the use of which defense mechanism?
- A. Projection
 - B. Rationalization
 - C. Regression
 - D. Sublimation

_____ 5. Which client should the nurse anticipate to be most receptive to psychiatric treatment?

- A. A Jewish, female journalist
- B. A Baptist, homeless male
- C. A Catholic, black male
- D. A Protestant, Swedish business executive

_____ 6. A new psychiatric nurse states, "This client's use of defense mechanisms should be eliminated." Which is a correct evaluation of this nurse's statement?

- A. Defense mechanisms can be appropriate responses to stress and need not be eliminated.
- B. Defense mechanisms are a maladaptive attempt of the ego to manage anxiety and should always be eliminated.
- C. Defense mechanisms, used by individuals with weak ego integrity, should be discouraged and not eliminated.
- D. Defense mechanisms cause disintegration of the ego and should be fostered and encouraged.

_____ 7. During an intake assessment, a nurse asks both physiological and psychosocial questions. The client angrily responds, "I'm here for my heart, not my head problems." Which is the nurse's best response?

- A. "It's just a routine part of our assessment. All clients are asked these same questions."
- B. "Why are you concerned about these types of questions?"
- C. "Psychological factors, like excessive stress, have been found to affect medical conditions."
- D. "We can skip these questions, if you like. It isn't imperative that we complete this section."

_____ 8. Which statement reflects a student nurse's accurate understanding of the concepts of mental health and mental illness?

- A. "The concepts are rigid and religiously based."
- B. "The concepts are multidimensional and culturally defined."
- C. "The concepts are universal and unchanging."
- D. "The concepts are unidimensional and fixed."

_____ 9. Looking at a client's history and physical examination, a nurse notices that a diagnosis of rheumatoid arthritis has not been placed on any axis. Based on knowledge of the *DSM-IV-TR*, where should the nurse anticipate the coding of this assessment?

- A. Axis I
- B. Axis II
- C. Axis III
- D. Axis IV
- E. Axis V

_____ 10. A nurse understands that "financial and legal difficulties" are to Axis IV of the *DSM-IV-TR* as "bipolar disorder" is to which axis?

- A. Axis I
- B. Axis II
- C. Axis III
- D. Axis V

11. Which statement should a nurse identify as the most accurate description of the *DSM-IV-TR*'s definition of a mental disorder?

- A. A mental disorder is said to exist when an individual's behavior deviates from the group norm.
- B. A mental disorder results when an individual is unable to cope with the stressors of everyday life.
- C. A mental disorder exists when subjective distress causes the individual to fail at many tasks.
- D. A mental disorder is a clinically significant behavioral or psychological pattern that is associated with present distress or disability.

12. An employee uses the defense mechanism of displacement when the boss openly disagrees with suggestions. What behavior would be expected from this employee?

- A. The employee assertively confronts the boss
- B. The employee leaves the staff meeting to work out in the gym
- C. The employee criticizes a coworker
- D. The employee takes the boss out to lunch

13. A teenage boy is attracted to a female teacher. Without objective evidence, a school nurse overhears the boy state, "I know she wants me." This statement reflects which defense mechanism?

- A. Displacement
- B. Projection
- C. Rationalization
- D. Sublimation

14. A fourth-grade boy teases and makes jokes about a cute girl in his class. This behavior should be identified by a nurse as indicative of which defense mechanism?

- A. Displacement
- B. Projection
- C. Reaction formation
- D. Sublimation

15. Which nursing statement about the concept of neuroses is most accurate?

- A. "An individual experiencing neurosis is unaware that he or she is experiencing distress."
- B. "An individual experiencing neurosis feels helpless to change his or her situation."
- C. "An individual experiencing neurosis is aware of psychological causes of his or her behavior."
- D. "An individual experiencing neurosis has a loss of contact with reality."

16. Which nursing statement about the concept of psychoses is most accurate?

- A. "Individuals experiencing psychoses are aware that their behaviors are maladaptive."
- B. "Individuals experiencing psychoses experience little distress."
- C. "Individuals experiencing psychoses are aware of experiencing psychological problems."
- D. "Individuals experiencing psychoses are based in reality."

17. When under stress, a client routinely uses an excessive amount of alcohol. Finding her drunk, her husband yells at the client about the chronic alcohol abuse. Which reaction should the nurse recognize as the use of the defense mechanism of denial?

- A. Hiding liquor bottles in a closet
- B. Yelling at their son for slouching in his chair
- C. Burning dinner on purpose
- D. Saying to the spouse, "I don't drink too much!"

18. Devastated by a divorce from an abusive husband, a wife completes grief counseling. Which statement by the wife should indicate to a nurse that the client is in the acceptance stage of grief?

- A. "If only we could have tried again, things might have worked out."
- B. "I am so mad that the children and I had to put up with him as long as we did."
- C. "Yes, it was a difficult relationship, but I think I have learned from the experience."
- D. "I still don't have any appetite and continue to lose weight."

19. A nurse is performing a mental health assessment on an adult client. According to Maslow's hierarchy of needs, which client action would demonstrate the highest achievement in terms of mental health?

- A. Maintaining a long-term, faithful, intimate relationship
- B. Achieving a sense of self-confidence
- C. Possessing a feeling of self-fulfillment and realizing full potential
- D. Developing a sense of purpose and the ability to direct activities

20. According to Maslow's hierarchy of needs, which situation on an in-patient psychiatric unit would require priority intervention by a nurse?

- A. A client rudely complaining about limited visiting hours
- B. A client exhibiting aggressive behavior toward another client
- C. A client stating that no one cares
- D. A client verbalizing feelings of failure

21. Which is an example of the ego defense mechanism of regression?

- A. A mother blames the teacher for her child's failure in school.
- B. A teenager becomes hysterical after seeing a friend killed in a car accident.
- C. A woman wants to marry a man exactly like her beloved father.
- D. An adult throws a temper tantrum when he does not get his own way.

22. Which is the most significant consequence of the excessive use of defense mechanisms?

- A. The superego will be suppressed.
- B. Emotions will be experienced intensely.
- C. There will be negative psychological and physiological protection.
- D. Problem solving will be limited.

23. A husband accuses his wife of infidelity. Which situation would indicate to the nurse the husband's use of the ego defense mechanism of projection?

- A. The husband cries and stamps his feet, demanding that his wife be true to her marriage vows.
- B. The husband ignores the wife's continued absence from the home.

- C. The husband has already admitted to having an affair with a coworker.
- D. The husband takes out his marital frustrations through employee abuse.

_____ 24. Which should the nurse recognize as a *DSM-IV-TR* Axis II disorder?

- A. Obesity
- B. Major depressive disorder
- C. Hypertension
- D. Borderline personality disorder

_____ 25. A nurse is caring for a client who is status post–coronary artery bypass surgery and has recently been diagnosed with major depressive disorder. A nurse should recognize that the *DSM-IV-TR* places these diagnoses on which two axes?

- A. Axes I and IV
- B. Axes II and V
- C. Axes I and III
- D. Axes III and V

_____ 26. A nurse should recognize that the diagnostic and statistical manual of mental disorders (*DSM-IV-TR*) is based on which model of health-care delivery?

- A. The holistic nursing model
- B. The eclectic model
- C. Freud’s psychoanalytic model
- D. The medical model

_____ 27. Which should the nurse recognize as an example of the defense mechanism of repression?

- A. A student aware of the need to study for tomorrow’s test goes to a movie instead.
- B. A woman whose son was killed in Iraq does not believe the military report.
- C. A man who is unhappily married goes to school to become a marriage counselor.
- D. A woman was raped when she was 12 and no longer remembers the incident.

Multiple Response

Identify one or more choices that best complete the statement or answer the question.

_____ 28. Which of the following statements should a nurse recognize as true about defense mechanisms? (*Select all that apply.*)

- A. They are employed when there is a threat to biological or psychological integrity.
- B. They are controlled by the id and deal with primal urges.
- C. They are used in an effort to relieve mild to moderate anxiety.
- D. They are protective devices for the superego.
- E. They are mechanisms that are characteristically self-deceptive.

_____ 29. A nurse is assessing a client who appears to be experiencing mild anxiety during questioning. Which symptoms might the client demonstrate? (*Select all that apply.*)

- A. Fidgeting
- B. Laughing inappropriately
- C. Palpitations
- D. Nail biting
- E. Limited attention span

_____ 30. Which information should a nurse expect to be coded on a *DSM-IV-TR* axis? (*Select all that apply.*)

- A. Physical disorders
- B. Psychosocial stressors
- C. Treatment recommendations
- D. Global assessment of functioning
- E. Past suicide attempts

_____ 31. How is the *DSM-IV-TR* useful in the practice of psychiatric nursing? (*Select all that apply.*)

- A. It considers level of functioning as well as problems.
- B. It represents progress toward a more holistic view of mind–body.
- C. It provides a framework for interdisciplinary communication.
- D. It provides a template for nursing care plans.
- E. It provides a framework for communication with the client.

Chapter 2: Mental Health/Mental Illness: Historical and Theoretical Concepts Answer Section

1. ANS: D

The nurse should assess that the client's daily functioning is not impaired. The client who experiences feelings of sadness after the loss of a pet is responding within normal expectations. Without significant impairment, the client's distress does not indicate a mental illness.

PTS: 1

REF: 25

KEY: Cognitive Level: Analysis | Integrated Process: Assessment

2. ANS: B

The nurse should determine that the client is at risk for mental illness when responses to stress are maladaptive and interfere with daily functioning. The *DSM-IV-TR* indicates that in order to be diagnosed with a mental illness, daily functioning must be significantly impaired. The client's ability to communicate distress would be considered a positive attribute.

PTS: 1

REF: 16-17

KEY: Cognitive Level: Application | Integrated Process: Assessment

3. ANS: A

The nurse should explain to the parents that although the twins have identical DNA, there are several other factors that affect reactions to stress. Mental health is a state of being that is relative to the individual client. Environmental influences and temperament can affect stress reactions.

PTS: 1

REF: 15

KEY: Cognitive Level: Application | Integrated Process: Implementation

4. ANS: B

The nurse should recognize that the client is using rationalization, a common defense mechanism. The client is attempting to make excuses and create logical reasons to justify unacceptable feelings or behaviors.

PTS: 1

REF: 21

KEY: Cognitive Level: Comprehension | Integrated Process: Assessment

5. ANS: A

The nurse should anticipate that the client of Jewish culture would place a high importance on preventative health care and would consider mental health as equally important as physical health. Women are also more likely to seek treatment for mental health problems than men.

PTS: 1

REF: 16

KEY: Cognitive Level: Application | Integrated Process: Planning

6. ANS: A

The nurse should determine that defense mechanisms can be appropriate during times of stress. The client with no defense mechanisms may have a lower tolerance for stress thus leading to anxiety disorders. Defense mechanisms should be confronted when they impede the client from developing healthy coping skills.

PTS: 1 REF: 19

KEY: Cognitive Level: Application | Integrated Process: Implementation

7. ANS: C

The nurse should attempt to educate the client on the negative effects of excessive stress on medical conditions. It is not appropriate to skip either physiological or psychosocial questions as this would lead to an inaccurate assessment.

PTS: 1 REF: 22

KEY: Cognitive Level: Analysis | Integrated Process: Implementation

8. ANS: B

The student nurse should understand that mental health and mental illness are multidimensional and culturally defined. It is important for nurses to be aware of cultural norms when evaluating the client's mental state.

PTS: 1 REF: 15-16

KEY: Cognitive Level: Application | Integrated Process: Evaluation

9. ANS: C

The nurse should anticipate that a diagnosis of rheumatoid arthritis should be coded on Axis III of the *DSM-IV-TR* diagnosis. The *DSM-IV-TR* uses a multi-axial system in which each axis refers to a different domain of information. Axis I should include clinical disorders and other conditions that may be a focus of clinical attention. Axis II should include information about personality disorders and mental retardation. Axis III should include information about general medication conditions. Axis IV should include information on the client's psychosocial and environmental problems. Axis V provides a Global Assessment of Functioning (GAF).

PTS: 1 REF: 26

KEY: Cognitive Level: Application | Integrated Process: Assessment

10. ANS: A

The nurse should understand that clinical disorders, such as bipolar disorder, should be included in Axis I of the *DSM-IV-TR* diagnosis. The *DSM-IV-TR* uses a multi-axial system in which each axis refers to a different domain of information. Axis I should include clinical disorders and other conditions that may be a focus of clinical attention. Axis II should include information about personality disorders and mental retardation. Axis III should include information about general medication conditions. Axis IV should include information on the client's psychosocial and environmental problems. Axis V provides a Global Assessment of Functioning (GAF).

PTS: 1 REF: 26

KEY: Cognitive Level: Analysis | Integrated Process: Assessment

11. ANS: D

The nurse should identify that a mental disorder indicates a pattern of maladaptive clinically significant behavioral or psychological problems. The *DSM-IV-TR* also specifies that the behavior or pattern is not an expectable and culturally sanctioned response to a particular event.

PTS: 1 REF: 16

KEY: Cognitive Level: Application | Integrated Process: Evaluation

12. ANS: C

The client using the defense mechanism of displacement would criticize a coworker after being confronted by the boss. Displacement refers to transferring feelings from one target to a neutral or less-threatening target.

PTS: 1 REF: 19

KEY: Cognitive Level: Analysis | Integrated Process: Assessment

13. ANS: B

The nurse should determine that the client's statement reflects the defense mechanism of projection. Projection refers to the attribution of one's unacceptable feelings or impulses to another person. When the client "passes the blame" of the undesirable feelings, anxiety is reduced. Displacement refers to transferring feelings from one target to another. Rationalization refers to making excuses to justify behavior. Sublimation refers to channeling unacceptable drives or impulses into more constructive, acceptable activities.

PTS: 1 REF: 21

KEY: Cognitive Level: Application | Integrated Process: Assessment

14. ANS: C

The nurse should identify that the boy is using reaction formation as a defense mechanism. Reaction formation is the attempt to prevent undesirable thoughts from being expressed by expressing opposite thoughts or behaviors. Displacement refers to transferring feelings from one target to another. Rationalization refers to making excuses to justify behavior. Projection refers to the attribution of unacceptable feelings or behaviors to another person. Sublimation refers to channeling unacceptable drives or impulses into more constructive, acceptable activities.

PTS: 1 REF: 22

KEY: Cognitive Level: Application | Integrated Process: Assessment

15. ANS: B

The nurse should understand that the concept of neuroses includes the following characteristics: The client feels helpless to change his or her situation, the client is aware that he or she is experiencing distress, the client is aware the behaviors are maladaptive, the client is unaware of the psychological causes of the distress, and the client experiences no loss of contact with reality.

PTS: 1 REF: 23

KEY: Cognitive Level: Application | Integrated Process: Evaluation

16. ANS: B

The nurse should understand that the client with psychoses experiences little distress due to his or her lack of awareness of reality. The client with psychoses is unaware that his or her behavior is maladaptive or that he or she has a psychological problem.

PTS: 1 REF: 23
KEY: Cognitive Level: Application | Integrated Process: Evaluation

17. ANS: D

The nurse should associate the client statement “I don’t drink too much!” with the use of the defense mechanism of denial. The client who refuses to acknowledge the existence of a real situation and the feelings associated with it is using the defense mechanism of denial.

PTS: 1 REF: 20
KEY: Cognitive Level: Application | Integrated Process: Assessment

18. ANS: C

The nurse should recognize that the client is in the acceptance stage of grief. During this stage of the grief process, the client would be able to focus on the reality of the loss and its meaning in relation to life.

PTS: 1 REF: 24
KEY: Cognitive Level: Analysis | Integrated Process: Evaluation

19. ANS: C

The nurse should identify that the client who possesses a feeling of self-fulfillment and realizes his or her full potential has achieved self-actualization, the highest level on Maslow’s hierarchy of needs.

PTS: 1 REF: 15
KEY: Cognitive Level: Application | Integrated Process: Assessment

20. ANS: B

The nurse should immediately intervene when a client exhibits aggressive behavior toward another client. Safety and security are considered lower-level needs according to Maslow’s hierarchy of needs and must be fulfilled before other higher-level needs can be met. Clients who complain, have feelings of failure, or state that no one cares are struggling with higher-level needs such as the need for love and belonging or the need for self-esteem.

PTS: 1 REF: 15
KEY: Cognitive Level: Analysis | Integrated Process: Implementation

21. ANS: D

Regression is the retreating to an earlier level of development and the comfort measures associated with that level of functioning.

PTS: 1 REF: 22
KEY: Cognitive Level: Analysis | Integrated Process: Assessment

22. ANS: D

Defense mechanisms become maladaptive when they are used by an individual to such a degree that there is interference with the ability to deal with reality, with effective interpersonal relations, or occupational performance.

PTS: 1 REF: 19
KEY: Cognitive Level: Application | Integrated Process: Evaluation

23. ANS: C

Projection is the attribution of feelings or impulses unacceptable to one's self to another person. In this situation, the husband attributes his infidelity to his wife.

PTS: 1 REF: 21

KEY: Cognitive Level: Application | Integrated Process: Evaluation

24. ANS: D

Axis II records personality disorders and mental retardation. These disorders begin in childhood or adolescence and persist in a stable form into adult life.

PTS: 1 REF: 26

KEY: Cognitive Level: Application | Integrated Process: Assessment

25. ANS: C

The nurse should understand that clinical disorders, such as major depressive disorder, should be included in Axis I of the *DSM-IV-TR*. The *DSM-IV-TR* uses a multiaxial system in which each axis refers to a different domain of information. Axis I should include clinical disorders and other conditions that may be a focus of clinical attention. Axis II should include information about personality disorders and mental retardation. Axis III should include information about general medication conditions like a recent history of coronary artery bypass surgery. Axis IV should include information on the client's psychosocial and environmental problems. Axis V provides a Global Assessment of Functioning (GAF).

PTS: 1 REF: 26

KEY: Cognitive Level: Application | Integrated Process: Assessment

26. ANS: D

Psychiatric diagnoses are presented by the American Psychiatric Association (APA) on a multiaxial evaluation system. Psychiatrists and nurse practitioners can assign client data to the various axes. This is based on a medical model of health-care delivery.

PTS: 1 REF: 26

KEY: Cognitive Level: Application | Integrated Process: Assessment

27. ANS: D

Repression is the involuntary blocking of unpleasant feelings and experiences from one's awareness.

PTS: 1 REF: 22

KEY: Cognitive Level: Application | Integrated Process: Evaluation

MULTIPLE RESPONSE

28. ANS: A, C, E

Defense mechanisms are employed by the ego in the face of threats to biological and psychological integrity, in an effort to relieve mild to moderate anxiety. Because they redirect focus, they are characteristically self-deceptive.

PTS: 1 REF: 19

KEY: Cognitive Level: Application | Integrated Process: Assessment

29. ANS: A, B, D

The nurse should assess that fidgeting, laughing inappropriately, and nail biting are indicative of heightened stress levels. The client would not be diagnosed with mental illness unless there is significant impairment in other areas of daily functioning. Other indicators of more serious anxiety are restlessness, difficulty concentrating, muscle tension, and sleep disturbance.

PTS: 1 REF: 18

KEY: Cognitive Level: Application | Integrated Process: Assessment

30. ANS: A, B, D

The nurse should expect to see physical disorders, psychosocial stressors, and the Global Assessment of Function (GAF) coded on the *DSM-IV-TR*. The *DSM-IV-TR* is multidimensional and contains information that may help guide the course of treatment. Previous suicide attempts are symptoms of a clinical disorder such as bipolar disorder or major depressive disorder, and these diagnoses, not symptoms, would be included on Axis I.

KEY: Cognitive Level: Application | Integrated Process: Assessment

31. ANS: A, B, C

The *DSM-IV-TR* is useful in the practice of psychiatric nursing because it facilitates comprehensive evaluation of the client. It considers the client's current level of functioning, represents a holistic view, and provides a framework for interdisciplinary communication.

PTS: 1 REF: 26

KEY: Cognitive Level: Application | Integrated Process: Assessment

