國立臺北教育大學99學年度研究所在職進修碩士學位班招生考試
【心理與諮商學系碩士學位在職進修專班】

心理學　試題

◎**注意事項：**

一、本試題全部題目均須作答，總分100分。
二、請於**答案卷**中作答，否則不予計分。
三、答案卷上請用**藍色或黑色筆**繕寫，**不得使用鉛筆**。
四、作答時請先標明題號，**橫式**書寫。

一、今有一研究實施「正向情緒輔導介入方案」，探討該方案對兒童幸福感之輔導效果。該研究採等組前後測準實驗設計，以某國小有生活適應困擾的學童為研究對象，隨機分派至實驗組和對照組，每組各 15 名。實驗組成員接受十六次，每次四十分鐘之「正向情緒輔導介入方案」輔導，對照組則接受十六次一般性團體輔導活動實驗方案的輔導。該研究使用國小兒童幸福感量表，此量表之信效度證據描述如下：

……在信度方面，各分量表α值為介於 .81 至 .89 之間，全量表之α值為 .88。在效度方面，經由因素分析後，將其分為「自我悅納」、「情緒感受」、「人際和諧」及「生活滿意」四個向度，解釋總變異量為46.26%，效度方面尚可。
（文章修改自：
http://www.ceps.com.tw/ec/ecjnlarticleView.aspx?jnlcattype=1&jnlptype=2&jnltype=7&jnliiid=4308&issueiid=82344&atliid=1574703）

1. 請問α意指什麼？（5%）信度是什麼？（10%）此證據何以與信度有關？（10%）
2. 請問因素分析提供了何種效度證據？（5%）所謂「解釋總變異量為46.26%」意指什麼？（10%）你認為此效度證據充分嗎？請說明。（10%）

二、請閱讀附件文章「The overlap of anxiety and depression」，該文章乃是論述焦慮症狀與憂鬱症狀在臨床判斷上常產生混淆的狀況；在閱讀完後，請回答下列問題：（包括 4 個小題，共 50%）

1. 請用 200 字以內，簡述該文章的主張與想告訴你的事情。（10%）

※尚有試題，請翻頁繼續作答※

2. 憂鬱與焦慮也是一種情緒狀態，這幾年許多研究者提倡「情緒智能（emotional intelligence）」的概念來瞭解一個人情緒表達與情緒管理的能力，此概念與 Howard Gardner 所提出的多元智能（multiple intelligences）理論中哪些能力「最」有關？（10%）（簡答即可，答案完整才給分）
3. 憂鬱症與焦慮症在臨床判斷上常有共病（comorbidity）現象，請說明此現象所指為何？並說明有哪些可能的原因造成此現象？（10%）（可利用該文章所提供的資訊作為佐證說明）
4. 「什麼是情緒（emotion）」是心理學家一直很好奇的問題，有人說情緒反應是一種天生本能、甚至可以說是一種演化產物，有人認為情緒反應主要受到文化脈絡的影響，而你的看法為何？請有系統、有邏輯的闡述「什麼是情緒」，並展現你的反思能力。（20%）

【附件請參閱次頁】

※尚有試題，請翻頁繼續作答※

THE OVERLAP OF ANXIETY AND DEPRESSION

One of the mysteries faced by psychopathologists is the apparent overlap of anxiety and depression. Some of the latest theories on the causes of depression are based partly on this research. Several theorists have concluded that the two moods are more alike than different. This may seem strange, because you probably do not feel the same when you are anxious as when you are depressed. However, we now know that almost everyone who is depressed, particularly to the extent of having a disorder, is also anxious (Barlow, 2002; Brown, Campbell, Lehman, Grisham, & Mancill, 2001; DiNardo & Barlow, 1990), but not everyone who is anxious is depressed.

Let's examine this fact for a moment: *Almost all depressed patients are anxious, but not all anxious patients are depressed.* This means that certain core symptoms of depression are not found in anxiety and, therefore, reflect what is "pure" about depression. These core symptoms include are the inability to experience pleasure (anhedonia) and a depressive "slowing" of both motor and cognitive functions until they are extremely labored and effortful (Brown, Chorpita, & Barlow, 1998; Clark & Watson, 1991; Moras et al., 1996; Rottenberg et al., 2002; Watson, 2005). Cognitive content (what one is thinking about) is also usually more negative in depressed individuals than in anxious ones (Greenberg & Beck, 1989).

Recently, our own ongoing research has identified symptoms that seem central to panic and anxiety even though they often are also found in depression. In panic, the symptoms (reflecting the flight or fight response, see Chapter 5), are primarily autonomic activation (excessive physiological symptoms such as heart palpitations and dizziness); muscle tension and apprehension (excessive worrying about the future) seem to reflect the essence of anxiety (Brown et al., 1998; Zinbarg & Barlow, 1996; Zinbarg et al., 1994). Many people with depression and even bipolar disorder (Frank et al., 2002; MacKinnon et al., 2003) also have the "central" symptoms of anxiety or panic just described. This is sometimes called *agitated depression* (Maj, Pirozzi, Magliano, & Bartoli, 2003). Earlier we discussed mixed manic episodes that seem to reflect mania and co-occurring anxiety. More important, a large number of symptoms are common in both anxiety and depressive disorders. Because these symptoms are not specific to either kind of disorder, they are called symptoms of *negative affect* (Brown et al., 1998; Clark, 2005). In Chapter 3, we talked about the process of creating a new diagnosis of mixed anxiety and depression. We noted that people who met criteria presented with symptoms of negative affect without any specific symptoms of anxiety or depression. Identifying pure anxious or depressive symptoms, as well as symptoms of negative affect that are common to both mood states, was an important step in creating this diagnosis (Brown et al., 1998; Moras et al., 1996; Zinbarg et al., 1994). Other researchers have reported finding similar shared and discrete symptoms (see, for example, Brown & Barlow, 2005; Clark & Watson, 1991).

TABLE 7.6 Symptoms Specific to Anxiety and to Depression, as Well as Symptoms Shared by Both States

Pure Anxiety Symptoms
Apprehension
Tension
Edginess
Trembling
Excessive worry
Nightmares
Pure Depression Symptoms
Helplessness
Depressed mood
Loss of interest
Lack of pleasure
Suicidal ideation
Diminished libido
Mixed Anxiety and Depression Symptoms (Negative Affect)
Anticipating the worst
Worry
Poor concentration
Irritability
Hypervigilance
Unsatisfying sleep
Crying
Guilt
Fatigue
Poor memory
Middle or late insomnia
Sense of worthlessness
Hopelessness
Early insomnia

Source: Adapted from Zinbarg et al. (1994). The DSM-IV field trial for mixed anxiety depression. *American Journal of Psychiatry*, 151, 1153–1162.

Symptoms specific to anxiety, specific to depression, and common to both states are presented in Table 7.6. Research in this area may cause us to rethink our diagnostic criteria and combine anxiety and mood disorders into one larger category. Symptoms of negative affect alone are often less severe than full-blown anxiety or mood disorders, but their presence increases the risk of more severe disorders, suggesting that these symptoms are on a continuum with major depression and anxiety disorders (Clark, 2005; Nolen-Hoeksema, 2000a; Solomon & Haaga, 2003; Watson, 2005). In conclusion, most people who are depressed have both specific symptoms of anxiety and general symptoms of negative affect. But individuals with anxiety disorders may not have specific symptoms of depression.

Source: Barlow, D. H., & Durand, V. M..(2009). Abnormal psychology: An integrative approach. (Fifth ed.). p226-p227.

※本試題紙請隨答案卷繳回※