21.1. The Nature of Abnormal Behavior

A. Abnormal behavior is behavior that is (a) statistically unusual, (b) nonadaptive, (c) labeled as abnormal by the surrounding society in which the individual is behaving, or (d) characterized by some degree of perceptual or cognitive distortion.

B. Although today we study abnormal behavior as part of psychology, abnormal behavior was once thought to be caused by demons, and there are still those who believe that abnormal behavior is supernaturally caused.

C. Modern theoretical perspectives on abnormal behavior tend to emphasize somewhat different causes.

1). The psychodynamic approach views abnormal behavior as a result of intrapsychic conflict.

2). The humanistic approach views abnormal behavior as arising especially when people are overly sensitive to the judgments of others, or when people are unable to accept their own nature.

3). The behavioral approach views abnormal behavior as the result of either classical or instrumental conditioning gone awry.

4). The cognitive approach views abnormal behavior as a result of distorted thinking.

5). The psychophysiological approach views abnormal behavior as due to underlying physiological abnormalities in the nervous system, particularly in the brain.

21.2. Diagnosing Abnormal Behavior

Diagnosis of abnormal behavior is currently most frequently done through the use of the American Psychiatric Association's Diagnostic and Statistical Manual, Fourth Edition (DSM-IV). The manual is not based upon any particular theoretical approach, but rather serves as a basis for making a diagnosis on the basis of presenting symptoms. Under DSM-IV, individuals are given a separate diagnosis on each of five axes.
1. **Axis I** addresses clinical syndromes and contains the major disorders, such as schizophrenia and anxiety disorders.

2. **Axis II** addresses personality disorders, including avoidant and dependent personalities. The disorders in Axis II may coexist with those in Axis I.

3. **Axis III** addresses physical disorders and conditions, such as asthma, diabetes, and heart problems. Physical disorders are included because they may interact with or precipitate psychological conditions.

4. **Axis IV** addresses the severity of psychosocial stressors. The diagnostician uses the information from the other axes and from the patient’s existing situation and history to determine the level of psychological stress that the patient is experiencing.

5. **Axis V** represents a global assessment of the person’s level of functioning. For example, a code of 90 would represent minimal symptoms and a code of 1, maximal danger, as in the case of someone who is extremely violent and is viewed as likely to cause harm to others.

### 21.3. Anxiety Disorders

Anxiety disorders encompass the individual’s feelings of anxiety—tension, nervousness, distress, or uncomfortable arousal. DSM-IV divides anxiety disorders into five main categories, as discussed below.

1. **Phobias** are persistent, irrational, and disruptive fears of a specific object, activity, or type of situation. There are three main kinds of phobias. **Simple phobias** are irrational fears of objects, such as spiders, snakes, high places, and darkness. **Social phobias** are characterized by extreme fear of being criticized by others, which leads to the avoidance of groups of people. **Agoraphobia** is a fear of open spaces or of being in public places from which it might be difficult to escape in the event of a panic attack.

2. **Panic disorder** is characterized by brief, abrupt, and unprovoked but recurrent episodes of intense and uncontrollable anxiety. The person suddenly feels apprehensive or even terrified, experiencing difficulty in breathing, heart palpitations, dizziness, sweating, and trembling.

3. **Generalized anxiety disorder** is a general, persistent, and often debilitating high level of anxiety that can last any length of time.

4. **Stress disorder** is an extreme reaction to a highly stressful event or situation. Two main kinds of stress disorder are of particular interest. **Posttraumatic stress disorder** is the psychological reenactment of a traumatic event, including recurrent and painful memories, nightmares, and flashbacks that are so strong that the person believes he or she is reliving the event. **Acute stress disorder** consists of acute, brief reactions to stress, which directly follow a traumatic event and last fewer than 4 months.

5. **Obsessive-compulsive disorder** involves unwanted, persistent thoughts and irresistible impulses to perform a ritual to relieve those thoughts. An **obsession** refers to unwanted images or impulses that individuals are unable to suppress. A **compulsion** refers to irresistible impulses to perform a relatively meaningless act repeatedly and in a specific manner.

### A. Symptoms of anxiety disorders

1. **Mood symptoms** of anxiety disorders include feelings of tension, apprehension, and sometimes panic.

2. **Cognitive symptoms** may include a person’s spending a lot of time trying to figure out why various mood symptoms are occurring.

3. **Somatic symptoms** may include sweating, hyperventilation, high pulse or blood pressure, and muscle tension.

### B. Determining when anxiety is a disorder

Anxiety reaches the point of being classified as a disorder when the level of anxiety is sufficiently high that it cannot be justified by the existing circumstances and when the consequences of the anxiety are maladaptive.
C. Explanations of anxiety disorders

1. Freud distinguished among three different types of anxiety and believed that each requires a different explanation. Objective anxiety derives from identifiable threats in the external world. Moral anxiety derives from fear of punishment by the superego. Neurotic anxiety derives from a person’s fear that the superego (with the aid of the ego) will not be able to control the id. Freud further believed that phobias occur when anxiety is focused on one or more particular objects, which represent a conflict at a symbolic level.

2. Learning theorists often view anxiety as classically conditioned. According to this view, a fear response has been paired with a stimulus that was previously neutral, producing classical conditioning.

3. A cognitive explanation focuses on the kinds of thoughts a person has in response to a particular situation. For example, a person who has been rejected once may start to think that he or she will always be rejected, and thus start to feel extreme anxiety in the face of situations that seem to invite rejection.

4. A humanistic–existential explanation is that the person experiences a discrepancy between the perceived self and the ideal self, causing feelings of failure and attendant anxiety.

5. A psychophysiological explanation is that inhibitory neurons that serve to reduce neurological activity may function improperly in people with anxiety disorders. For example, insufficient levels of the neurotransmitter GABA (γ-aminobutyric acid) lower activity in the inhibitory neurons and thereby increase brain activity; the result is a high level of arousal, which can be experienced as anxiety.

21.4. Mood Disorders

Mood disorders are extreme disturbances in a person’s emotional state. There are two of particular interest.

1. Major depression is characterized by a person’s feeling despondent, discouraged, and hopeless. There are several types of depression. Exogenous depression is a reaction to external (environmental) factors. Endogenous depression is a reaction to internal (physiological) factors, such as imbalances of particular neurotransmitters. Primary depression is diagnosed when depression is the main medical problem. Secondary depression is diagnosed when another disorder has caused the depression. Involutional depression is depression associated with advanced age. Postpartum depression occurs after childbirth and can last anywhere from a few weeks to a year.

2. Bipolar disorder (also called manic-depressive disorder) refers to alternating depressive and manic symptoms. When a person suffering from bipolar disorder swings to the manic phase, the most prominent symptom of mania is a mood of unabashed euphoria. The individual is highly excited, expansive, and often hyperactive. Manic persons may believe there is no limit to their possible accomplishments, and act accordingly.

A. Explanations of mood disorders

1. The psychodynamic explanation of depression stems from an analogy Freud noted between depression and mourning. Freud suggested that when we lose an object of our love, we often have ambivalent feelings about the person we have lost. We may still love the person yet feel angry that the person has left us. Freud further suggested that if we are angry toward the lost person, and we have incorporated aspects of that person, then we may become angry with ourselves. Freud suggested that this anger turned inward is a major source of depression.

2. A learning-theory explanation of depression is that depressed people have received fewer rewards and more punishments than have people who are not depressed.

3. A cognitive explanation of depression is that depressed people have automatic thoughts that depress them, such as magnifying the importance of unfavorable events and minimizing the importance of favorable events.

4. A humanistic–existential explanation of depression is that depression results from a lack of clear purpose and meaning in living.
5. A psychophysiological explanation of depression is that abnormally low levels of certain neurotransmitters may be linked to depression. One such theory focuses on norepinephrine, another on serotonin.

B. Suicide

1. Although suicide is not itself a disorder (but rather an act), it can result from depression.

2. Suicide rates vary dramatically across countries. In the United States, there are about 31,000 suicides per year, a rate of 12.8 per 100,000 people. It is estimated that every year there are between 250,000 and 600,000 suicide attempts in the United States. For every successful suicide, there are probably 10 or more attempts. Those who attempt but fail differ from those who succeed in a number of respects, which are summarized in Table 21.1.

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<th>TABLE 21.1. Suicide Attempters versus Completers</th>
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<td>Characteristic</td>
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<td>Attitude toward attempt</td>
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3. A number of myths have been propagated about suicide. These myths include the following: (a) People who talk about committing suicide do not actually go ahead and do it; (b) all people who commit suicide have definitely decided that they want to die; (c) suicide occurs more often among people who are wealthy; (d) people who commit suicide are always depressed beforehand; (e) people who commit suicide are crazy; (f) the risk of suicide ends when a person improves in mood following a major depression or a previous suicidal crisis; and (g) suicide is influenced by the cosmos—sun spots, phases of the moon, the position of the planets, and so on.

4. There appear to be two main motives for suicide. Those who seek surcease are people who have given up on life and simply want to die. Those who use suicide as a means of manipulation are trying to maneuver the world in accordance with their desires.

21.5. Dissociative Disorders

A. Dissociative disorders involve an alteration in the normally integrative functions of consciousness, identity, or motor behavior.

B. We consider here three main dissociative disorders.

1). Dissociative amnesia is characterized by sudden memory loss, usually after a highly stressful experience. The amnesia affects the recollection of all events that have taken place during and immediately after the experience.

2). Dissociative fugue is characterized by a total memory loss, usually caused by severe stress.
3. **Dissociative identity disorder** is characterized by the appearance of two or more identities (personalities), each of which is relatively independent of the others, lives a stable life of its own, and periodically takes full control of the person’s behavior.

### 21.6. Schizophrenia

**Schizophrenia** refers to a set of disorders that encompasses a variety of symptoms, including hallucinations, delusions, disturbed thought processes, disturbed emotional responses—such as flat affect or inappropriate affect—and motor symptoms.

#### A. Classification

To be classified as schizophrenic, an individual must show (a) impairment in areas such as work, social relations, and self-care; (b) at least two of the cognitive, affective, or motor characteristics of the disorder; and (c) persistence of these symptoms for at least 6 months.

1. Schizophrenia affects 1–2% of the population and tends to run in families.
2. Schizophrenia is generally diagnosed in early adulthood, usually before the age of 45 years.
3. Schizophrenia is eight times more likely to occur in members of the lowest socioeconomic group as in members of middle- and upper-middle class groups.

#### B. Types of schizophrenia

1. **Disorganized schizophrenia** is characterized by profound psychological disorganization. Hallucinations and delusions occur, and speech is often incoherent.
2. **Catatonic schizophrenia** is characterized by stupor and immobility for long periods of time. Victims often stare into space, seemingly completely detached from the rest of the world.
3. **Paranoid schizophrenia** is characterized by people having delusions of persecution; hearing voices criticizing or threatening them; or by delusions of grandeur, hearing voices telling them how wonderful they are.
4. **Undifferentiated schizophrenia** is a catchall category used for schizophrenic symptoms either that do not quite fit any of the other patterns or that fit more than one pattern.
5. **Residual schizophrenia** is a diagnosis applied to persons who have had at least one schizophrenic episode and who currently show some mild symptoms but who do not exhibit profoundly disturbed behavior.

#### C. Explanations of schizophrenia

1. There have been several psychodynamic explanations of schizophrenia. One explanation, the hypothesis of the *schizophrenogenic mother*, holds that the mothers of schizophrenics tend to be cold, dominant, and conflict-seeking. Another theory, the *double-bind theory*, holds that schizophrenic symptoms result from children’s hearing contradictory messages from those to whom they are very close.
2. Learning-theory explanations vary. One such explanation, *labeling theory*, holds that once people are labeled as schizophrenics, they are more likely to appear to exhibit symptoms of the disorder. For one thing, they may then feel free to engage in the kind of antisocial behavior that is so labeled. For another thing, people may treat the individual in a way that promotes the behavior the label describes.
3. A cognitive explanation of schizophrenia suggests that people with this disorder have sensory experiences that differ from those of normal individuals.
4. A humanistic–existential explanation is that schizophrenia is a myth (Thomas Szasz), or that it is merely a label that society applies to behavior it finds problematic (R. D. Laing). These explanations have little empirical support.
5. A psychophysiologic explanation is that schizophrenia results from an excess of the neurotransmitter, dopamine. Another explanation views schizophrenia in terms of structural abnormalities in the brain.
21.7. Personality Disorders

A. Personality disorders are consistent, long-term, extreme personality characteristics that cause an individual great unhappiness or that seriously impair that person's ability to adjust to and function well in her or his environment.

B. There are a number of different personality disorders, 10 of which are noted here.

1). Paranoid personality disorder is characterized by extreme suspicion of others.

2). Schizoid personality disorder applies to a person who has great difficulty forming relationships with other people. He or she tends to be indifferent to what others think about, say about, or feel toward him or her.

3). Schizotypal personality disorder applies to someone who has serious problems with other people and who shows eccentric or bizarre behavior. The person is susceptible to illusions and may engage in magical thinking.

4). Borderline personality disorder applies to someone who shows extreme instability in moods, self-image, and relationships with other people.

5). Narcissistic personality disorder applies to a person with an inflated view of him- or herself, and who is intensely self-centered and selfish in his or her personal relationships.

6). Histrionic personality disorder applies to someone who generally acts as though he or she is on stage, and who is very dramatic and continually tries to draw attention to him- or herself.

7). Avoidant personality disorder is found in someone who is very reluctant to enter into close personal relationships. He or she may wish for closeness but be so sensitive to rejection that he or she is afraid to become too close.

8). Dependent personality disorder is found in a person who lacks self-confidence and has difficulty taking personal responsibility for him- or herself.

9). Obsessive–compulsive personality disorder is characterized by the display of excessive concern with details, rules, and codes of behavior; the person tends to be perfectionistic and to require everything to be done just so.

10). Antisocial personality disorder is found in a person who has a tendency to be superficially charming and appears to be sincere but who is actually insincere, untruthful, and unreliable in relations with other people.

21.8. Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence

A. Disorders of this kind are first diagnosed early, but in some cases may continue throughout the life span.

B. Attention-deficit hyperactivity disorder is characterized by a difficulty in focusing attention for reasonable amounts of time. Children with this disorder also tend to be impulsive and disruptive in social settings. They are often unable to sit still and constantly seem to be seeking attention.

C. Conduct disorders are characterized by habitual misbehavior, such as stealing, skipping school, destroying property, fighting, being cruel both to animals and to other people, and frequently telling lies.

D. Pervasive developmental disorder (PDD), also known as autism, is characterized by three main symptoms.

1). The child shows minimal to no responsiveness to others, and seeming obliviousness to the surrounding world.

2). The child shows impairment in communication, both verbal and nonverbal.

3). The child shows a highly restricted range of interest, sitting alone for hours, immobility or rocking back and forth, and staring off into space.
21.9. Sexual Disorders

A. Sexual desire disorders are ones in which there is a problem with sexual desire.

1). Hypoactive sexual desire disorder refers to a lack of sexual urges and fantasies.

2). Sexual aversion disorder refers to a more extreme disorder, in which the individual purposefully and actively avoids genital contact with any member of the opposite sex.

B. Sexual arousal disorders refer to difficulties in feeling sexual arousal, even in the presence of what typically would be sufficient sexual stimulation.

1). Male sexual arousal disorder, or impotence, can be physiologically caused or caused by psychological problems, such as performance anxiety.

2). Female sexual arousal disorder, sometimes referred to as frigidity, can similarly be caused either physiologically or psychologically.

C. Sexual orgasm disorders refer to difficulties related to orgasm. In women, female sexual orgasm disorder refers to failure to have orgasm after a normal period of sexual excitement. In men, male orgasm disorder occurs when orgasm fails to occur in the presence of normal stimulation, whereas premature ejaculation refers to the situation in which the male ejaculates before the female is able to reach sexual climax.

D. Gender identity disorders refer to situations in which a person’s psychological identification (gender) does not match his or her physiological sex.

1). Transsexualism occurs when an adult is uncomfortable with the gender roles typical of his or her sex, but instead identifies with the roles of the opposite sex.

2). Gender identity disorder of childhood is used to describe boys who act in ways that are extremely feminine, or girls who act in ways that are extremely masculine.

E. A paraphilia is a group of disorders in which sexual activities are highly unusual to the point that they are considered deviant.

1). Fetishism refers to a reliance on one or more inanimate objects for sexual arousal. Typically, the preferred object is needed in order for sexual arousal to occur. Fetishism is much more common in men than in women.

2). Transvestic fetishism refers to sexual arousal that occurs when a man dresses in women’s clothing.

3). Pedophilia is the desire for sexual gratification via physical and usually sexual contact with prepubescent children. Incest is a special case of pedophilia.

4). Voyeurism is a strong and persistent desire for sexual gratification by watching others either undressed or in the course of having sexual relations.

5). Exhibitionism is a strong and persistent desire to obtain sexual gratification by exposing one’s genitals to an unwilling and unknown person.

6). Coprophilia refers to sexual gratification that is obtained by handling feces.

7). Necrophilia refers to sexual intimacy with a corpse.

8). Zoophilia refers to sexual intimacy with animals.

9). Frotteurism is sexual gratification obtained by appearing accidentally to rub oneself against or to fondle an unsuspecting and unwilling person.

10). Telephone scatology refers to the seeking of sexual gratification through obscene telephone calls to unconsenting adults.

F. Sexual masochism is the obtaining of sexual gratification by being subjected to pain or humiliation. Sexual sadism is the obtaining of sexual gratification by causing pain or humiliation.
21.10. Legal Issues

A. The term *sanity* is a legal, not a psychological, term.

B. Insanity is sometimes used as a defense in court proceedings.

1. The most well-known construction of the insanity defense is the *M'Naghten Rule*, according to which an individual, to establish a defense on the ground of insanity, must prove that at the time of committing the act, he or she was laboring under such a defect of reasoning as not to know the nature and quality of the act he or she was doing; or if he or she did know it, he or she did not know that what was being done was wrong.

2. After an attempt to assassinate President Ronald Reagan, laws for using the insanity defense were generally tightened to make the defense harder to use. A number of states now have a verdict of “guilty but mentally ill.”

**Summary**

1. Abnormal behavior can be defined as statistically unusual, nonadaptive, labeled as abnormal by the surrounding society, or characterized by some degree of perceptual or cognitive distortion.

2. Early explanations of abnormal behavior were often in terms of supernatural possession.

3. The *Diagnostic and Statistical Manual* of the American Psychiatric Association, the most recent version of which is *DSM-IV*, is commonly used to make diagnoses of abnormal behavior.

4. Anxiety disorders encompass the individual’s feelings of anxiety—tension, nervousness, distress, or uncomfortable arousal. There are several different types of phobic disorders, including simple phobias, social phobias, and agoraphobia. Also included in the category of anxiety disorders are panic disorder, generalized anxiety disorder, stress disorder, and obsessive-compulsive disorder.

5. There are two major mood disorders—extreme disturbances in a person’s emotional state. They are major depression, which is characterized by feelings of hopelessness and despair; and bipolar disorder, which is characterized by alternating periods of depression and mania.

6. Cultures vary widely in their rates of suicide. Many myths surround suicide. Perhaps the most important caution is that any person, of any background or characteristic behavior, may decide to commit suicide.

7. There are three main dissociative disorders: dissociative amnesia, involving sudden memory loss after a highly stressful life experience; dissociative fugue, involving amnesia regarding a past identity and the assumption of a new identity; and dissociative identity disorder, the occurrence of two or more distinct, independent identities within the same individual.

8. Schizophrenia refers to a set of disorders encompassing a variety of symptoms, including hallucinations, delusions, disturbed thought processes, and disturbed emotional responses.

9. Types of schizophrenia include disorganized schizophrenia, catatonic schizophrenia, paranoid schizophrenia, undifferentiated schizophrenia, and residual schizophrenia.

10. Of the various explanations of schizophrenia, biological ones have been attracting particular interest of late. In particular, schizophrenia may be associated with an excess of dopamine, a neurotransmitter.

11. Personality disorders are consistent, long-term, extreme personality characteristics that cause great unhappiness or that seriously impair a person’s ability to adjust to the demands of everyday living or to function well in his or her environment.

12. The major personality disorders are paranoid, schizoid, schizotypal, borderline, narcissistic, histrionic, avoidant, dependent, obsessive-compulsive, and antisocial.
13. Three major disorders usually diagnosed first in infancy, childhood, or adolescence are attention-deficit hyperactivity disorder, conduct disorder, and pervasive developmental disorder (PDD), also known as autism.

14. There are a large number of sexual deviations of various kinds. Some relate to sexual arousal, others to gender identification, and still others to abnormal ways of obtaining sexual gratification.

15. The term sanity is a legal, not a psychological, term for describing behavior.

### Key Terms

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<th>abnormal behavior</th>
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### Solved Problems

A. **Select the best response option from among the four that are given.**

1. According to one definition, behavior is abnormal if it is
   A. labeled as abnormal by the society in which the individual lives.
   B. not under conscious control by the individual.
   C. statistically typical.
   D. adaptive to the individual.

2. **Axis III in DSM-IV addresses**
   A. the major abnormal disorders.
   B. primarily personality disorders.
   C. physical disorders.
   D. the severity of psychological symptoms.

3. Anxiety disorders may be characterized by
   A. psychotic symptoms.
   B. low affect.
4. Two examples of mood disorders are
   A. major depression and generalized anxiety disorder.
   B. obsessive–compulsive disorder and manic–depressive disorder.
   C. major depression and bipolar disorder.
   D. major depression and obsessive–compulsive disorder.

5. An individual cannot remember events during and immediately following a serious airplane crash. The individual most likely has
   A. dissociative amnesia.
   B. dissociative fugue.
   C. retrograde amnesia.
   D. fractured amnesia.

6. A type of schizophrenia characterized by hallucinations, delusions, and diffuse psychological organization is referred to as
   A. undifferentiated.
   B. disorganized.
   C. residual.
   D. fragmented.

7. An individual who is identified as having a borderline personality disorder shows
   A. persecutory thoughts.
   B. exhibitionistic tendencies.
   C. instability in mood and social relations.
   D. apathy and indifference to the opinions of others.

8. Which symptom is not, typically, characteristic of an autistic child?
   A. impairment in communication
   B. hyperactivity
   C. restricted range of interest
   D. social isolation

B. Answer each of the following questions with the appropriate word or phrase.

9. Depression associated with advanced age is called ______ depression.

10. A(n) ______ is an irresistible desire to perform a certain activity in a specified manner, whereas a(n) ______ refers to the occurrence of unwanted images or impulses one is unable to suppress.

11. A ______ is characterized by an extreme fear of being judged or criticized by people, which often leads the individual to become socially isolated.

12. According to DSM-IV, an individual who complains of sudden and inexplicable attacks of fear and anxiety, accompanied by heart palpitations, sweating, and dizziness, will most likely be classified as showing ______.

13. Disorders characterized by disintegration in consciousness, identity, and motor behavior are referred to jointly as ______.

14. Some war veterans show ______, which is characterized by reoccurring, and often painful, memories and flashbacks of traumatic experiences.

15. An individual who has alternating depressive and manic symptoms most likely is suffering from ______.
16. A depression that appears to be a reaction to external events is termed a(n) _______ depression.

17. One category of schizophrenia, called _______, applies to individuals who have previously had at least one schizophrenic episode, but currently show only mildly disturbed behavior.

18. A now largely discredited theory of schizophrenia holds that schizophrenic symptoms result when there is a _______ in communication between parents and siblings, whereby parents give contradictory messages to their children.

19. A desire for contact, usually sexual, with prepubescent children is called _______.

20. A disorder called _______ is usually first diagnosed in childhood, but may extend into adulthood.

Children with this disorder have difficulty focusing their attention, and tend to be impulsive and disruptive.

21. _______ occurs when an individual is uncomfortable in the gender roles of his or her sex, but identifies instead with those of the opposite sex.

C. Answer T (true) or F (false) to each of the following statements.

22. Both schizophrenia and suicide occur more frequently in upper-middle class groups.

23. Freud postulated that depression stems from internalized anger we have toward an actual or symbolically lost loved one.

24. Theorists from different schools of psychology have come to a general consensus as to the etiology of depression.

25. The DSM-IV is a universally recognized treatment manual for abnormal behavior.

26. According to DSM-IV, obsessive–compulsive disorder is classified as an anxiety disorder.

27. Freud underscored the importance of an individual’s thought processes toward particular situations as important factors contributing to the onset of anxiety.

28. People who commit suicide rarely talk about it before actually doing it.

29. Psychophysiologists have observed an apparent excess of the neurotransmitter dopamine in the brains of some schizophrenics.

30. Personality disorders differ from personality characteristics in that personality disorders cause an individual great unhappiness or substantially limit his or her functioning.

31. An individual classified as having an antisocial personality disorder avoids human relations at all costs.

32. An individual is described as insane if he or she has some perceptual or cognitive distortion.

33. Impotence is another term for male sexual arousal disorder.

34. Paraphilic disorders are a group of disorders whereby sexual gratification is obtained by being subjected to pain or humiliation.

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**Answer Key**

21. Transsexualism: F (schizophrenia is more likely to occur in lower socioeconomic groups. Suicide affects all economic groups); 23. T; 24. F (different schools of thought in psychology have markedly different views as to the cause of depressive symptoms); 25. F (the DSM-IV is a diagnostic tool, not a treatment manual); 26. T; 27. F (cognitive theorists hold that an individual's characteristic manner of thinking about situations will affect his or her susceptibility to various disorders. Freud, on the other hand, believed that conflict among the ego, superego, and id may lead to different types of anxiety disorders); 28. F (individuals who talk about committing suicide are just as likely to commit suicide as those who do not); 29. T; 30. T; 31. F (individuals who show this disorder may have relations with other people, but these relations are marked by insincerity, insensitivity, dishonesty, and a complete lack of respect for others); 32. F (insanity is a legal term that may be used by the defense to show that the individual, at the time of the crime, was suffering from such a defect of reasoning that he or she was unable to understand what he or she was doing); 33. T; 34. F (this description refers to sexual masochism).