UNIT 12: ABNORMAL PSYCHOLOGY

PERSPECTIVES ON PSYCHOLOGICAL DISORDERS

OBJECTIVE 1: Identify the criteria for judging whether behavior is psychologically disordered.

1. Psychological disorders are persistently harmful ___**THOUGTS**_____, ____**FEELINGS**____, and ____**ACTIONS**_____.
2. Psychiatrists and psychologists label behavior disordered when it is ___**DEVIANT**_____, __**DISTRESSFUL**__, and ___**DYSFUNCTIONAL**_____.
3. This definition emphasizes that standards of acceptability for behavior are ___**VARIABLE**_____ (constant/variable).
4. ADHD, or ____**ATTENTION**_____-___**DEFICIT**___ ___**HYPERACTIVITY**_____ ___**DISORDER**____ plagues children who display one or more of three key symptoms: ___**INATTENTION**____, ___**HYPERACTIVITY**____, and ___**IMPULSIVITY**___.
5. ADHD is diagnosed more often in ____**BOYS**_____ (boys/girls). In the past two decades, the proportion of American children being treated for this disorder ____**INCREASED**____ (increased/decreased) dramatically. Experts ___**AGREE**____ (agree/do not agree) that ADHD is a real neurobiological disorder.
6. ADHD ___**IS**_____ (is/is not) heritable, and it ____**IS NOT**____ (is/is not) caused by eating too much sugar or poor schools. ADHD is often accompanied by a ___**LEARNING**____ disorder or with behavior that is ____**DEFIANT**____ or temper-prone.

OBJECTIVE 2: Contrast the medical model of psychological disorders with the biopsychosocial approach to disordered behavior.

7. The view that psychological disorders are sicknesses is the basis of the ____**MEDICAL**_____ model. According to this view, psychological disorders are viewed as mental _____**ILLNESS**_____, or ____**PSYCHOPATHY**_____, diagnosed on the basis of ____**SYMPTOMS**_____ and cured through ___**THERAPY**_____.
8. One of the first reformers to advocate this position and call for providing more humane living conditions for the mentally ill was ___**PHILIPPE PINEL**_____.
9. Today's psychologists recognize that all behavior arises from the interaction of ____**NATURE**_____ and ____**NURTURE**_____. To presume that a person is "mentally ill" attributes the condition solely to an ___**INTERNAL**_____ problem.
10. Major psychological disorders such as ____**DEPRESSION**_____ and ___**SCHIZOPHRENIA**_____ are universal; others, such as _____**ANOREXIA**____ ____**NERVOSA**_____ and _____**BULIMIA**_____ are culture-bound. These culture-bound disorders may share an underlying _____**DYNAMIC**_____, such as _____**ANXIETY**_____, yet differ in their ____**SYMPTOMS**_____.
11. Most mental health workers today take a ____**BIOPSYCHOSOCIAL**_____ approach, whereby they assume that disorders are influenced by ____**GENETIC**_____ ____**PREDISPOSITIONS**____ and ___**PHYSIOLOGICAL**_____ ____**STATES**____, inner ___**PSYCHOLOGICAL**_____ _____**DYNAMICS**_____, and _____**SOCIAL**_____ and ____**CULTURAL**_____ circumstances.

OBJECTIVE 3: Describe the goals and content of the DSM-IV.

12. The most widely used system for classifying psychological disorders is the American Psychiatric Association manual, commonly known by its abbreviation, _____**DSM-IV**_____. This manual defines a _____**DIAGNOSTIC**_____ process and _____**16**_____ (how many?) clinical syndromes.
13. Independent diagnoses made with the current manual generally _____**SHOW**_____ (show/do not show) agreement.
14. One criticism of the DSM-IV is that as the number of disorder categories has _____**INCREASED**_____ (increased/decreased), the number of adults who meet the criteria for at least one psychiatric ailment has _____**INCREASED**_____ (increased/decreased).

OBJECTIVE 4: Discuss the potential dangers and benefits of using diagnostic labels.

15. Studies have shown that labeling has ____**A SIGNIFICANT**_____ (little/a significant) effect on our interpretation of individuals and their behavior.

    Outline the pros and cons of labeling psychological disorders.

    PSYCHOLOGICAL LABELS MAY BE ARBITRARY. THEY CAN CREATE PRECONCEPTIONS THAT BIAS OUR PERCEPTIONS AND INTERPRETATIONS AND THEY CAN AFFECT PEOPLE'S SELF-IMAGES. MOREOVER, LABELS CAN CHANGE REALITY, BY SERVING AS SELF-FULFILLING PROPHECIES. DESPITE THESE DRAWBACKS, LABELS ARE USEFUL IN DESCRIBING, TREATING AND RESEARCHING THE CAUSES OF PSYCHOLOGICAL DISORDERS.

ANXIETY DISORDERS

OBJECTIVE 5: Define *anxiety disorders*, and explain how these conditions differ from normal feelings of stress, tension, or uneasiness.

1. Anxiety disorders are psychological disorders characterized by ____**DISTRESSING, PERSISTENT ANXIETY OR MALADAPTIVE BEHAVIORS THAT REDUCE ANXIETY**_____. The key to differentiating anxiety disorders from normal anxiety is in the ____**INTENSITY**_____ and the ___**PERSISTENCE**____ of the anxiety.
2. Four anxiety disorders discussed in the textbook are ____**GENERALIZED**_____ ____**ANXIETY**_____ ___**DISORDER**_____, _____**PANIC**___ ___**DISORDER**_____, ____**PHOBIAS**_____, and ___**OBSESSIVE**_____-____**COMPULSIVE**_____ ____**DISORDER**_____.

OBJECTIVE 6: Contrast the symptoms of generalized anxiety disorder and panic disorder.

3. When a person is continually tense, apprehensive and physiologically aroused for no apparent reason, he or she is diagnosed as suffering from a ____**GENERALIZED**_____ ____**ANXIETY**_____ disorder. In Freud's term, the anxiety is ____**FREE**_____-____**FLOATING**_____.
4. In generalized anxiety disorder, the body reacts physiologically with the arousal of the ____**AUTONOMIC**___ nervous system. In some instances, anxiety may intensify dramatically and unpredictably be accompanied by chest pain or choking, for example; people with these symptoms are said to have _____**PANIC**_____ ___**DISORDER**___. This anxiety may escalate into a minutes-long episode of intense fear, or a ____**PANIC**_____ ____**ATTACK**_____.
5. People who fear situations in which escape or help might not be possible when panic strikes suffer from ___**AGOROPHOBIA**_____.

OBJECTIVE 7: Explain how a phobia differs from the fears we all experience.

6. When a person has an irrational fear of a specific object, activity, or situation, the diagnosis is a ____**PHOBIA**_____. Although in many situations, the person can live with the problem, some ___**SPECIFIC**_____ ____**PHOBIAS**_____, such as a fear of thunderstorms, are incapacitating.
7. When a person has an intense fear of being scrutinized by others, the diagnosis is a ____**SOCIAL**___ ____**PHOBIA**_____.

OBJECTIVE 8: Describe the symptoms of obsessive-compulsive disorder.

8. When a person cannot control repetitive thoughts and actions, an ____**OBSESSIVE**_____-____**COMPULSIVE**_____ disorder is diagnosed.
9. Older people are _____**LESS**____ (more/less) likely than teens and young adults to suffer from this disorder.

OBJECTIVE 9: Describe the symptoms of post-traumatic stress disorder, and discuss survivor resiliency.

10. Traumatic stress, such as that associated with witnessing atrocities or combat, can produce ___**POST**_____-_____**TRAUMATIC**_____ _____**STRESS**_____ disorder. The symptoms of this disorder include _____**HAUNTING**_____ ____**MEMORIES**_____, ____**NIGHTMARES**_____, _____**SOCIAL**_____ _____**WITHDRAWAL**_____, _____**JUMPY**_____ _____**ANXIETY**_____, and ____**INSOMNIA**_____. Despite such symptoms, some psychologists believe this disorder is ___**OVERDIAGNOSED**_____.
11. Researchers who believe this disorder may be overdiagnosed point to the ____**SURVIVOR**___ ____**RESILIENCY**_____ of most people who suffer trauma. Also, suffering can lead to ____**POST**_____-_____**TRAUMATIC**_____ ___**GROWTH**_____, in which people experience an increased appreciation for life.

OBJECTIVE 10: Discuss the contributions of the learning and biological perspectives to our understanding of the development of anxiety disorders.

12. Freud assumed that anxiety disorders are symptoms of submerged mental energy that derives from intolerable impulses that were _____**REPRESSED**_____ during childhood.
13. Learning theorists, drawing on research in which rats are given unpredictable shocks, link general anxiety with ____**CLASSICAL**_____ conditioning of _____**FEARS**_____.
14. Some fears arise from _____**STIMULUS**___ ____**GENERALIZATION**____, such as when a person who fears heights after a fall also comes to fear airplanes.
15. Phobias and compulsive behaviors reduce anxiety and thereby are _____**REINFORCED**____. Through ____**OBSERVATIONAL**_____ learning, someone might also learn fear by seeing others display their own fears.
16. Humans probably ____**ARE**_____ (are/are not) biologically prepared to develop certain fears. Compulsive acts typically are exaggerations of behaviors that contributed to our species' _____**SURVIVAL**_____.
17. The anxiety response probably _____**IS**_____ (is/is not) genetically influenced.
18. PET scans of persons with obsessive-compulsive disorder reveal excessive activity in a brain region called the ____**ANTERIOR**_____ _____**CINGULATE**____ cortex.

Some antidepressant drugs dampen fear-circuit activity in the _____**AMYGDALA**____, thus reducing this behavior.

OBJECTIVE 11: Describe the symptoms of dissociative disorders, and explain why some critics are skeptical about dissociative identity disorder.

19. In ___**DISSOCIATIVE**_____ disorders, a person experiences a sudden loss of _____**MEMORY**___ or change in _____**IDENTITY**_____.
20. A person who develops two or more distinct personalities is suffering from ____**DISSOCIATIVE**___ ____**IDENTITY**_____ disorder.
21. Nicholas Spanos has argued that such people may merely be playing different _____**ROLES**____.
22. Those who accept this as a genuine disorder point to evidence that differing personalities may be associated with distinct _____**BRAIN**____ and _____**BODY**_____ states.

    Identify two pieces of evidence brought forth by those who do not accept dissociative identity disorder as a genuine disorder.
    SKEPTICS POINT OUT THAT THE RECENT INCRASE IN THE NUMBER OF REPORTED CASES OF DISSOCIATIVE IDENTITY DISORDER INDICATEDS THAT IT HAS BECOME A FAD. THE FACT THAT THE DISORDER IS ALMOST NONEXISTENT OUTSIDE NORTH AMERICA ALSO CAUSES SKEPTICS TO DOUBT THE DISORDER'S GENUINENESS.

23. The psychoanalytic and learning perspectives view dissociative disorders as ways of dealing with ____**ANXIETY**_____. Others view them as a protective response to histories of ___**CHILDHOOD**____ ____**TRAUMA**_____. Skeptics claim these disorders are sometimes contrived by _____**FANTASY**_____ - _____**PRONE**_____ people and sometimes constructed out of the _____**THERAPIST**_____ - _____**PATIENT**_____ interaction.

MOOD DISORDERS

OBJECTIVE 12: Define *mood disorders*, and contrast major depressive disorder and bipolar disorder.

1. Mood disorders are psychological disorders characterized by _____**MOOD**_____ ___**DISRUPTIONS**_____. They come in two forms: The experience of prolonged depression with no discernible cause is called ____**MAJOR**_____ ____**DEPRESSIVE**_____ disorder. When a person's mood alternates between depression and the hyperactive state of _____**MANIA**____, a ____**BIPOLAR**_____ disorder is diagnosed.
2. Although ____**PHOBIAS**_____ are more common, __**DEPRESSION**_____ is the number one reason that people seek mental health services. It is also the leading cause of disability worldwide.
3. In between the temporary blue moods everyone experiences and major depression is a condition called ____**DYSTHYMIC**_____ _____**DISORDER**_____, in which a person feels down-in-the-dumps nearly every day for two years or more.
4. The possible signs of depression include _____**LETHARGY, FEELINGS OF WORTHLESSNESS, AND LOSS OF INTEREST IN FAMILY, FRIENDS, AND ACTIVITIES**_____.
5. Major depression occurs when its signs last ____**TWO**_____ ____**WEEKS**_____ or more with no apparent cause.
6. Depressed persons usually _____**CAN**____ (can/cannot) recover without therapy.
7. Symptoms of mania include _____**EUPHORIA, HYPERACTIVITY, AND A WILDLY OPTIMISTIC STATE**__.
8. Bipolar disorder is less common among creative professionals who rely on _____**PRECISION**___ and ____**LOGIC**_____ than among those who rely on _____**EMOTIONAL**_____ expression and vivid ___**IMAGERY**_____.

OBJECTIVE 13: Discuss the facts than an acceptable theory of depression must explain.

9. The commonality of depression suggests that its ___**CAUSES**_____ must also be common.
10. Compared with men, women are _____**MORE**_____ (more/less) vulnerable to major depression. In general, women are most vulnerable to disorders involving _____**INTERNAL**_____ states, such as ____**DEPRESSION, ANXIETY, AND INHIBITED SEXUAL DESIRE**_____.
11. Men's disorders tend to be more ____**EXTERNAL**_____ and include _____**ALCOHOL ABUSE, ANTISOCIAL CONDUCT, AND LACK OF IMPULSE CONTROL**_____.
12. It usually _____**IS**___ (is/is not) the case that a depressive episode has been triggered by a stressful event. An individual's vulnerability to depression also increases following, for example, ___**A FAMILY MEMBER'S DEATH (LOSS OF A JOB, A MARITAL CRISIS, PHYSICAL ASSAULT)**____.
13. With each new generation, the rate of depression is ___**INCREASING**___(increasing/decreasing) and the disorder is striking ____**EARLIER**____ (earlier/later). In North America today, young adults are _____**THREE**_____ times (how many?) as likely as their grandparents to suffer depression.

    State the psychoanalytic explanation of depression.
    THE PSYCHOANALYTIC PERSPECTIVE SUGGESTS THAT ADULTHOOD DEPRESSION CAN BE TRIGGERED BY LOSSES THAT EVOKE FEELINGS ASSOCIATED WITH EARLIER CHILDHOOD LOSSES. ALTERNATIVELY, UNRESOLVED ANGER TOWARD ONE'S PARENTS IS TUREND INWARD AND TAKES THE FORM OF DEPRESSION.

OBJECTIVE 14: Summarize the contributions of the biological perspective to the study of depression, and discuss the link between suicide and depression.

14. Mood disorders _____**TEND**___ (tend/do not tend) to run in families. Studies of ____**TWINS**___ also reveal that genetic influences on mood disorders are ____**STRONG**___ (weak/strong).
15. To determine which genes are involved in depression, researchers use ____**LINKAGE**_____ ____**ANALYSIS**_____, in which they examine the ____**DNA**_____ of both affected and unaffected family members. Using _____**ASSOCIATIVE**____ studies, they also search for correlations between DNA variation and population traits.
16. Depression may also be caused by ____**LOW**_____ (high/low) levels of two neurotransmitters, ____**NOREPINEPHRINE**___ and __**EPINEPHRINE**___.
17. Drugs that alleviate mania reduce ___**NOREPINEPHRINE**____; drugs that relieve depression increase _____**NOREPINEPHRINE**___ or ____**SEROTONIN**____ supplies by blocking either their __**REUPTAKE**____ or their chemical ___**BREAKDOWN**___.
18. People with depression also have lower levels in their diet of the ___**OMEGA-3**____ fatty acid. Countries such as ____**JAPAN**_____, where people consume more ___**FISH**____ that are rich in this fatty acid, tend to have ____**LOW**_____ (high/low) rates of depression.
19. The brains of depressed people tend to be ____**LESS**_____ (more/less) active, especially in the area of the ___**LEFT**_____ ___**FRONTAL**_____ lobe. In severely depressed patients, this brain area may also be ___**SMALLER**____ (smaller/larger) in size. The brain's __**HIPPOCAMPUS**____, which is important in processing ____**MEMORIES**_____, is vulnerable to stress-related damage. Anti-depressant drugs that boost ___**SEROTONIN**____ may promote recovery by stimulating neurons in this area of the brain.

OBJECTIVE 15: Summarize the contributions of the social-cognitive perspective to the study of depression, and describe the events in the cycle of depression.

20. According to the social-cognitive perspective, depression may be linked with _____**SELF**___-____**DEFEATING**____ beliefs and a ____**NEGATIVE**_____ ___**EXPLANATORY**____ style.
21. Such beliefs may arise from ____**LEARNED**__ ___**HELPLESSNESS**____, the feeling that can arise when the individual repeatedly experiences uncontrollable, painful events.
22. Gender differences in ___**UNCONTROLLABLE**___ ___**STRESS**_____ help explain why women have been twice as vulnerable to depression.

Describe how depressed people differ from others in their explanations of failure and how such explanations tend to feed depression.

23. Research studies suggest that depressing thoughts usually ____**COINCIDE WITH**__ (precede/follow/coincide with) a depressed mood.
24. Depression-prone people respond to bad events in an especially ____**SELF-FOCUSED**___, ___**SELF-BLAMING**___ way.
25. According to Susan Nolen-Hoeksema, when trouble strikes, men tend to ____**ACT**____ and women tend to ___**THINK (OR OVERTHINK)**____.
26. Being withdrawn, self-focused, and complaining tends to elicit social ___**REJECTION**___ (empathy/rejection).

Outline the vicious cycle of depression.

DEPRESSION IS OFTEN BROUGHT ON BY STRESSFUL EXPERIENCES. DEPRESSED PEOPLE BROOD OVER SUCH EXPERIENCES WITH MALADAPTIVE EXPLANATIONS THAT PRODUCE SELF-BLAME AND AMPLIFY THEIR DEPRESSION. IN ADDITION, BEING WITHDRAWN AND COMPLAINING TENDS TO ELICIT SOCIAL REJECTION AND OTHER NEGATIVE EXPERIENCES.

SCHIZOPHRENIA

OBJECTIVE 16: Describe the symptoms of schizophrenia, and differentiate delusions and hallucinations.

1. Schizophrenia, or "split mind," refers not to a split personality, but rather to a split from ___**REALITY**___.
2. Three manifestations of schizophrenia are disorganized __**THINKING**_____, disturbed ___**PERCEPTIONS**____, and inappropriate ____**EMOTIONS**____ and ___**ACTIONS**____.
3. The distorted, false beliefs of schizophrenia patients are called ___**DELUSIONS**___.
4. Many psychologists attribute the disorganized thinking of schizophrenia to a breakdown in the capacity for ___**SELECTIVE**_____ ___**ATTENTION**____.
5. The disturbed perceptions of people suffering from schizophrenia may take the form of __**HALLUCINATIONS**___, which usually are ___**AUDITORY**____ (visual/auditory).
6. Some victims of schizophrenia lapse into a zombielike state of apparent apathy, or ____**FLAT**____ __**AFFECT**_____; others, who exhibit ____**CATATONIA**__, may remain motionless for hours and then become agitated.

OBJECTIVE 17: Distinguish the five subtypes of schizophrenia, and contrast chronic and acute schizophrenia.

7. The term *schizophrenia* describes a ____**CLUSTER OF DISORDERS**___ (single disorder/cluster of disorders).
8. Positive symptoms of schizophrenia include ____**DISORGANIZED AND DELUDED THINKING, INAPPROPRIATE EMOTIONS** _____.
   Negative symptoms include ____ **EXPRESSIONLESS FACES, TONELESS VOICES, MUTE OR RIGID BODIES** _____.
9. When schizophrenia develops slowly (called __**CHRONIC OR PROCESS**__ schizophrenia) recovery is _____**LESS**_____ (more/less) likely than when it develops rapidly in reaction to particular life stresses (called __**ACUTE (OR REACTIVE)**___ schizophrenia).

OBJECTIVE 18: Outline some abnormal brain chemistry, functions, and structures associated with schizophrenia, and discuss the possible link between prenatal viral infections and schizophrenia.

10. The brain tissue of schizophrenia patients has been found to have an excess of receptors for the neurotransmitter ___**DOPAMINE**___. Drugs that block these receptors have been found to __**DECREASE**____ (increase/decrease) schizophrenia symptoms. Drugs that interfere with receptors for the neurotransmitter ___**GLUTAMATE**___ can produce negative symptoms of schizophrenia.
11. Brain scans have shown that many people suffering from schizophrenia have abnormally ___**LOW**_____ (high/low) brain activity in the ___**FRONTAL**_____ lobes.
12. Enlarged, ____**FLUID**_____-filled areas and a corresponding ____**SHRINKAGE**_____ of cerebral tissue is also characteristic of schizophrenia. Schizophrenia patients also have a smaller-than-normal _____**THALAMUS**_____, which may account for their difficulty in filtering _____**SENSORY INPUT**_____ and focusing ___**ATTENTION**___.
13. Some scientists contend that the brain abnormalities of schizophrenia may be caused by a prenatal problem, such as ___**LOW**___ ___**BIRTH**___ ___**WEIGHT**___, birth complications such as ____**OXYGEN**__ ___**DEPRIVATION**___, or a ___**VIRAL**___ ___**INFECTION**_____ contracted by the mother.

OBJECTIVE 19: Discuss the evidence for a genetic contribution to the development of schizophrenia.

14. Twin and adoptive studies ___**SUPPORT**___ (support/do not support) the contention that heredity plays a role in schizophrenia.
15. The role of prenatal environment in schizophrenia is demonstrated by the fact that identical twins who share the same ___**PLACENTA**___, and are therefore more likely to experience the same prenatal ____**VIRUSES**____, are more likely to share the disorder.
16. Adoption studies _____**CONFIRM**____ (confirm/do not confirm) a genetic link in the development of schizophrenia.

OBJECTIVE 20: Describe some psychological factors that may be early warning signs of schizophrenia in children.

17. It appears that for schizophrenia to develop there must be both a ____**GENETIC**___ predisposition and some ___**PSYCHOLOGICAL**__ trigger.

List some of the warning signs of schizophrenia in high-risk children.
SUCH SIGNS MAY INCLUDE SEVERE, LONG-LASTING SCHIZOPHRENIA IN THE MOTHER; COMPLICATIONS AT BIRTH AND LOW BIRTH WEIGHT; SEPARATION FROM PARENTS; SHORT ATTENTION SPAN AND POOR MUSCLE COORDINATION; DISRUPTIVE OR WITHDRAWN BEHAVIOR; EMOTIONAL UNPREDICATABILITY; AND POOR PEER RELATIONS AND SOLO PLAY.

<u>PERSONALITY DISORDERS</u>

OBJECTIVE 21: Contrast the three clusters of personality disorders, and describe the behaviors and brain activity associated with the antisocial personality disorder.

1. Personality disorders exist when an individual has character traits that are enduring and impair ____**SOCIAL**____ ___**FUNCTIONING**____.
2. A fearful sensitivity to rejection may predispose the ___**AVOIDANT**____ personality disorder. Eccentric behaviors, such as emotionless disengagement, are characteristic of the ___**SCHIZOID**__ personality disorder. A person with _____**HISTRIONIC**___ personality disorder displays shallow, attention-getting emotions. A person who exaggerates his or her own importance exhibits a ___**NARCISSISTIC**__ personality disorder, and a person who has an unstable identity and unstable relationships is considered ___**BORDERLINE**____.
3. An individual who seems to have no conscience, lies, steals, is generally irresponsible and may be criminal is said to have an ___**ANTISOCIAL**____ personality. Previously, this person was labeled a ___**PSYCHOPATH OR SOCIOPATH**____.
4. Studies of biological relatives of those with antisocial and unemotional tendencies suggest that there __**IS**__ (is/is not) a biological predisposition to such traits.
5. Some studies have detected early signs of antisocial behavior in children as young as ___**THREE TO SIX**__. Antisocial adolescents tended to have been __**IMPULSIVE**____, ___**UNINHIBITED**___, unconcerned with ____**SOCIAL**__ ____**REWARDS**___, and low in ___**ANXIETY**____.
6. PET scans of murderers' brains reveal reduced activity in the ____**FRONTAL**__ _____**LOBE**___.
7. As in other disorders, in antisocial personality, genetics ___**IS NOT**___ (is/is not) the whole story.

RATES OF PSYCHOLOGICAL DISORDERS

OBJECTIVE 22: Discuss the prevalence of psychological disorders, and summarize the findings on the link between poverty and serious psychological disorders.

1. Research reveals that approximately 1 in every _____**7**___ (how many?) Americans suffered a clinically significant mental disorder during the prior year.
2. The incidence of serious psychological disorders is ___**HIGHER**____ (higher/lower) among those below the poverty line.
3. In terms of age of onset, most psychological disorders appear by _____**EARLY**___ (early/middle/late) adulthood. Some, such as ____**ANTISOCIAL**___ ___**PERSONALITY**____ and _____**PHOBIAS**___, appear during childhood.