

4.PSYCHOLOGICAL DISORDERS

Question & Answers

- 1) Deviation from the normal behaviour is :
Ans: Abnormal.
- 2) The method of treatment in which removing the evil that resides in the individual through counter-magic and prayer is known as :
Ans: Exorcism.
- 3) Which approach is viewed that disturbed behaviour is arising out of conflicts between emotion and reason.
Ans: Organismic Approach.
- 4) The causes of psychological disorders were due to psychological conflict and disturbed interpersonal relationships was explained by:
Ans: Johann Weyer.
- 5) The Indian notion of the three doshas of vata, pitta and kapha were mentioned in which book?
Ans: Atharva Veda and Ayurvedic texts.
- 6) The official manual describing and classifying various kinds of psychological disorders has published by:
Ans: Diagnostic and Statistical Manual of Mental Disorders, IV Edition (DSM-IV).
- 7) International Classification of Diseases (ICD-10) was prepared by:
Ans: World Health Organisation (WHO).
- 8) Reena's young daughter is working in a call centre. In spite of knowing her odd hours of returning, she continues to have prolonged, vague and intense fear accompanied by her hyper-vigilance, showing a kind of anxiety. Identify the type of anxiety she is suffering from.
Ans: Generalised Anxiety Disorder.
- 9) A type of anxiety disorder is which consists of recurrent anxiety attacks in which the person experiences intense terror.
Ans: Panic Disorder.
- 10) Fear of entering unfamiliar situations is known as:
Ans: Agoraphobia.

11) A person's preoccupation with specific ideas or are unable to prevent themselves from repeatedly carrying out a particular act or series of acts that affect his ability to carry out normal activities is known as :

Ans: Obsessive-Compulsive Disorder.

12) People who have been caught in a natural disaster such as tsunami experience a type of disorder called:

Ans: Post-Traumatic Stress Disorder (PTSD).

13) Geetha is experiencing severe stomach pain and presented her complaints to a doctor in a dramatic way. But her doctor could not find out any biological cause for her stomach pain. This is an example for:

Ans: Somatisation Disorder.

14) A type of psychological disorder in which a person has a persistent belief that s/he has a serious illness, despite medical reassurance.

Ans: Hypochondriasis.

15) Raju unexpectedly travel away from home and workplace, and assumed a new identity. Currently he is unable to recall his previous identity. This is known as:

Ans: Dissociative fugue.

16) The most dramatic disorder in which the person assumes alternate personalities where he may or may not be aware of each other. This disorder is known as:

Ans: Multiple Personality disorder

17) The most common type of mood disorder is:

Ans: Depression.

18) George met a psychiatrist and presented that he is experiencing loss of interest in activities, constant sleep problems, tiredness, inability to think clearly, slow in behaviour and thoughts of death and suicide. Based on symptoms, the psychiatrist diagnosed George's problem as:

Ans: Major depressive disorder.

19) Mohan's parents took Mohan to a psychiatrist and presented to the doctor that he is extremely active, excessively talkative, and easily distractible. He is diagnosed as:

Ans: Mania.

20) Bipolar mood disorders were earlier referred to as:

Ans: Manic-Depressive Disorder.

21) Raju has a false belief that he is being plotted against, spied on, threatened, attacked or deliberately victimised. This type of disorder is known as:

Ans: Delusions of persecution.

22) Babu's belief that he is empowered person is an example of:

Ans: Delusions of Grandeur.

23) Schizophrenic patient who invent new words or phrases is known as:

Ans: Neologisms.

24) A type of disorder, where the patients hear sounds or voices that speak words, phrases and sentences is known as:

Ans: Auditory hallucinations.

25) A patient who remain motionless and silent for long stretches of time is known as:

Ans: Catatonic Stupor.

26) A child who display age-inappropriate amounts of stubbornness, are irritable, defiant, disobedient, and behave in a hostile manner is diagnosed as:

Ans: Oppositional Defiant Disorder.

27) Deepa's parents were separated and she is staying in a boarding school. She is experiencing excessive anxiety and have difficulty in her room by herself, going to school alone, and fearful of entering new situations. These symptoms suggests that Deepa is having:

Ans: Separation Anxiety Disorder.

28) A psychologist who measures John's IQ and found that it 58. This indicate that his intellectual ability is:

Ans: Mild Retardation.

29) Children who have marked difficulties in social interaction and communication, desire for routine and restricted interests are suffering from:

Ans: Autism.

30) A person who eat excessive amounts of food, then purge her/ his body of food by using medicines such as laxatives or diuretics or by vomiting is an example of:

Ans: Bulimia Nervosa.

31) An individual who has a distorted body image that leads her/him to see herself/himself as overweight is known as:

Ans: Anorexia Nervosa.

32) Frequent episodes of out-of-control eating behaviour is called:

Ans: Binge Eating.

33) A behaviour which refer to age- inappropriate actions and attitudes that

violate family expectations, societal norms, and the personal or property rights of others is:

Ans: Antisocial Behaviour.

34) Jaison was taken to a psychiatrist and his parents complaints that he does not listen, cannot concentrate, does not follow instructions, is disorganised, easily distracted, forgetful, does not finish assignments, and is quick to lose interest in boring activities. They also complaints that it is difficult for him to wait or take turns, have difficulty resisting immediate temptations or delaying gratification. Based on the above symptoms, Jaison is diagnosed as:

Ans: Attention-deficit Hyperactivity Disorder.

35) A type of disorder in which the patient is preoccupied with delusions or auditory hallucinations; no disorganised speech or behaviour or inappropriate affect is:

Ans: Paranoid Schizophrenia.

ANSWER THE FOLLOWING. EACH CARRIES 2 MARKS

1) Explain the different classification of psychological disorders.

Ans: Diagnostic and Statistical Manual of Mental Disorders, IV Edition (DSM-IV), evaluates the patient on five axes or dimensions rather than just one broad aspect of 'mental disorder'. This was prepared by The American Psychiatric Association (APA). International Classification of Diseases (ICD-10), which is known as the ICD-10 Classification of Behavioural and Mental Disorders. It was prepared by the World Health Organisation (WHO).

2) Identify the symptoms associated with anxiety disorder.

Ans: The anxious individual also shows combinations of the following symptoms: rapid heart rate, shortness of breath, diarrhoea, loss of appetite, fainting, dizziness, sweating, sleeplessness, frequent urination and tremors.

3) Explain the symptoms associated with Generalised Anxiety Disorder.

Ans: Generalised anxiety disorder consists of prolonged, vague, unexplained and intense fears that are not attached to any particular object. The symptoms include worry and apprehensive feelings about the future; hyper-vigilance, which involves constantly scanning the environment for dangers. It is marked by motor tension, as a result of which the person is unable to relax, is restless, and visibly shaky and tense.

4) Write the clinical features of panic disorder.

Ans: The clinical features include shortness of breath, dizziness, trembling, palpitations, choking, nausea, chest pain or discomfort, fear of going crazy, losing control or dying.

5) Distinguish between obsession and compulsion.

Ans: Obsessive behaviour is the inability to stop thinking about a particular idea or topic. The person involved, often finds these thoughts to be unpleasant and shameful.

Compulsive behaviour is the need to perform certain behaviours over and over again. Many compulsions deal with counting, ordering, checking, touching and washing.

6) Briefly describe post-traumatic stress disorder with its symptoms.

Ans: Experiencing and have been victims of severe stress situations such as tsunami or have been victims of bomb blasts by terrorists, leads to post-traumatic stress disorder (PTSD).

PTSD symptoms vary widely but may include recurrent dreams, flashbacks, impaired concentration, and emotional numbing.

7) Identify the clinical features of Major Depressive Disorder.

Ans: Major depressive disorder is defined as a period of depressed mood and/or loss of interest or pleasure in most activities, together with other symptoms which may include change in body weight, constant sleep problems, tiredness, inability to think clearly, agitation, greatly slowed behaviour, and thoughts of death and suicide. Other symptoms include excessive guilt or feelings of worthlessness.

8) Identify the symptoms associated with mania.

Ans: People suffering from mania become euphoric, extremely active, excessively talkative, and easily distractible.

9) What is bipolar mood disorder.

Ans: A mood disorder, in which both mania and depression are alternately present, is sometimes interrupted by periods of normal mood. This is known as bipolar mood disorder.

10) Describe the characteristics associated with Oppositional Defiant Disorder.

Ans: Children with Oppositional Defiant Disorder (ODD) display age-inappropriate amounts of stubbornness, are irritable, defiant, disobedient, and behave in a hostile manner.

11) Write the characteristics features of autistic child.

Ans: Children with autistic disorder have marked difficulties in social interaction and communication, a restricted range of interests, and strong desire for routine.

12) Differentiate between delusion and hallucination.

Ans: A **delusion** is a false belief that is firmly held on inadequate grounds.

Hallucinations are the perceptions that occur in the absence of external stimuli.

ANSWER THE FOLLOWING. EACH CARRIES 3 MARKS.

1) Explain phobias. Discuss different types of phobias.

Ans: Irrational fears related to specific objects, people, or situations are called phobias.

Phobias can be grouped into three main types, i.e. specific phobias, social phobias, and agoraphobia.

Specific phobias are the most commonly occurring type of phobia. This group includes irrational fears such as intense fear of a certain type of animal, or of being in an enclosed space.

Intense and incapacitating fear and embarrassment when dealing with others characterises **social phobias**.

Agoraphobia is the term used when people develop a fear of entering unfamiliar situations.

2) Explain the major psycho-motors symptoms associated with schizophrenia.

Ans: People with schizophrenia also show psychomotor symptoms. They move less spontaneously or make odd grimaces and gestures. These symptoms may take extreme forms known as catatonia.

People in a catatonic stupor remain motionless and silent for long stretches of time.

Some show catatonic rigidity, i.e. maintaining a rigid, upright posture for hours.

Others exhibit catatonic posturing, i.e. assuming awkward, bizarre positions for long periods of time.

3) What are the characteristics associated with Attention-deficit Hyperactivity Disorder.

Ans: The two main features of ADHD are inattention and hyperactivity- impulsivity. Children who are **inattentive** find it difficult to sustain mental effort during work or play. They have a hard time keeping their minds on any one thing or in following instructions.

Common complaints are that the child does not listen, cannot concentrate, does not follow instructions, is disorganised, easily distracted, forgetful, does not finish assignments, and is quick to lose interest in boring activities.

Children who are **impulsive** seem unable to control their immediate reactions or to think before they act. They find it difficult to wait or take turns, have difficulty resisting immediate temptations or delaying gratification. Minor mishaps such as knocking things over are common whereas more serious accidents and injuries can also occur.

4) Can a distorted body image lead to eating disorders? Classify the various forms of eating disorders.

Ans: Eating disorders include anorexia nervosa, bulimia nervosa, and binge eating. In **anorexia nervosa**, the individual has a distorted body image that leads her/him to see herself/himself as overweight. Often refusing to eat, exercising compulsively and developing unusual habits such as refusing to eat in front of others, the anorexic may lose large amounts of weight and even starve herself/himself to death.

In **bulimia nervosa**, the individual may eat excessive amounts of food, then purge her/ his body of food by using medicines such as laxatives or diuretics or by vomiting. The person often feels disgusted and ashamed when s/he binges and is relieved of tension and negative emotions after purging.

In **binge eating**, there are frequent episodes of out-of-control eating.

5) Write a note on Separation Anxiety Disorder.

Ans: Separation anxiety disorder is an internalising disorder unique to children. Its most prominent symptom is excessive anxiety or even panic experienced by children at being separated from their parents. Children with SAD may have difficulty being in a room by themselves, going to school alone, are fearful of entering new situations, and cling to and shadow their parents' every move. To avoid separation, children with SAD may fuss, scream, throw severe tantrums, or make suicidal gestures.

ANSWER THE FOLLOWING. EACH CARRIES 4 MARKS.

1) Discuss different types of somatoform disorders.

Ans: The conditions in which there are physical symptoms in the absence of a physical disease is known as somatoform disorders.

Somatoform disorders include pain disorders, somatisation disorders, conversion disorders, and hypochondriasis.

Pain disorders involve reports of extreme and incapacitating pain, either without any identifiable biological symptoms or greatly in excess of what might be expected to accompany biological symptoms.

Somatisation disorders have multiple and recurrent or chronic bodily complaints. These complaints are likely to be presented in a dramatic and exaggerated way. Common complaints are headaches, fatigue, heart palpitations, fainting spells, vomiting, and allergies.

Conversion disorders are the reported loss of part or all of some basic body functions. Paralysis, blindness, deafness and difficulty in walking are generally among the symptoms reported. These symptoms often occur after a stressful experience and may be quite sudden.

Hypochondriasis is diagnosed if a person has a persistent belief that s/he has a serious illness, despite medical reassurance, lack of physical findings, and failure to develop the disease.

2) Describe the different types of Dissociative Disorders.

Ans: Dissociation can be viewed as severance of the connections between ideas and emotions. Dissociation involves feelings of unreality, estrangement, depersonalisation, and sometimes a loss or shift of identity.

Four conditions are included in this group: They are dissociative amnesia, dissociative fugue, dissociative identity disorder, and depersonalisation.

Dissociative amnesia is characterised by extensive but selective memory loss that has no known organic cause (e.g., head injury). Some people cannot remember anything about their past. Others can no longer recall specific events, people, places, or objects, while their memory for other events remains intact.

Dissociative fugue is an unexpected travel away from home and workplace, the assumption of a new identity, and the inability to recall the previous identity. The

fugue usually ends when the person suddenly 'wakes up' with no memory of the events that occurred during the fugue.

Dissociative identity disorder, often referred to as multiple personality, is the most dramatic of the dissociative disorders. It is often associated with traumatic experiences in childhood. In this disorder, the person assumes alternate personalities that may or may not be aware of each other.

Depersonalisation involves a dreamlike state in which the person has a sense of being separated both from self and from reality. In depersonalisation, there is a change of self-perception, and the person's sense of reality is temporarily lost or changed.

3) Explain the factors that help to prevent suicide.

Ans: Suicide can be prevented by being alert to some of the symptoms which include Changes in eating and sleeping habits.

1. Withdrawal from friends, family and regular activities.
2. Violent actions, rebellious behaviour, running away
3. Drug and alcohol abuse
4. Marked personality change
5. Persistent boredom
6. Difficulty in concentration
7. Complaints about physical symptoms,
8. Loss of interest in pleasurable activities.

4) Describe delusions. Explain different types of delusions.

Ans: A delusion is a false belief that is firmly held on inadequate grounds. It is not affected by rational argument, and has no basis in reality.

Delusions of persecution are the most common in schizophrenia. People with this delusion believe that they are being plotted against, spied on, slandered, threatened, attacked or deliberately victimised.

People with schizophrenia may also experience **delusions of reference** in which they attach special and personal meaning to the actions of others or to objects and events.

In **delusions of grandeur**, people believe themselves to be specially empowered persons.

In **delusions of control**, they believe that their feelings, thoughts and actions are controlled by others.

5) Explain hallucination. Discuss different types of hallucinations.

Ans: Hallucinations are the perceptions that occur in the absence of external stimuli.

Auditory hallucinations are most common in schizophrenia. Patients hear sounds or voices that speak words, phrases and sentences directly to the patient.

Hallucinations can also involve the other senses. These include:

Tactile hallucinations (i.e. forms of tingling, burning),

Somatic hallucinations (i.e. something happening inside the body such as a snake crawling inside one's stomach),

Visual hallucinations (i.e. vague perceptions of colour or distinct visions of people or objects),

Gustatory hallucinations (i.e. food or drink taste strange), and

Olfactory hallucinations (i.e. smell of poison or smoke).

6) Explain different negative symptoms associated with schizophrenia.

Ans: Negative symptoms are ‘pathological deficits’ and include poverty of speech, blunted and flat affect, loss of volition, and social withdrawal.

People with schizophrenia show **alogia** or poverty of speech, i.e. a reduction in speech and speech content.

Many people with schizophrenia show less anger, sadness, joy, and other feelings than most people do. Thus they have **blunted affect**.

Some show no emotions at all, a condition known as **flat affect**.

Also patients with schizophrenia experience **avolition**, or apathy and an inability to start or complete a course of action.

People with this disorder may **withdraw socially** and become totally focused on their own ideas and fantasies.

7) Depression is the most debilitating disease leading to suicides in the present day situations. Identify the different depressive disorders and discuss.

Ans: Mood disorders are characterised by disturbances in mood or prolonged emotional state. The most common mood disorder is depression, which covers a variety of negative moods and behavioural changes.

The major types of mood disorders include major depressive disorder, mania and bipolar disorders.

Major depressive disorder is defined as a period of depressed mood and/or loss of interest or pleasure in most activities, together with other symptoms which may include change in body weight, constant sleep problems, tiredness, inability to think clearly, agitation, greatly slowed behaviour, and thoughts of death and suicide. Other symptoms include excessive guilt or feelings of worthlessness.

Another less common mood disorder is **mania**. People suffering from mania become euphoric, extremely active, excessively talkative, and easily distractible.

Manic episodes rarely appear by themselves; they usually alternate with depression.

Such a mood disorder, in which both mania and depression are alternately present, is sometimes interrupted by periods of normal mood. This is known as **bipolar mood disorder**. Bipolar mood disorders were earlier referred to as manic-depressive disorders.

8) Elucidate substance use disorder.

Ans: Disorders relating to maladaptive behaviours resulting from regular and consistent use of the substance involved are called substance abuse disorders.

These disorders include problems associated with using and abusing such drugs as alcohol, cocaine and heroin, which alter the way people think, feel and behave.

There are two sub-groups of substance-use disorders, i.e. those related to **substance dependence** and those related to **substance abuse**.

In **substance dependence**, there is intense craving for the substance to which the person is addicted, and the person shows tolerance, withdrawal symptoms and compulsive drug-taking.

In **substance abuse**, there are recurrent and significant adverse consequences related to the use of substances. People who regularly ingest drugs damage their family and social relationships, perform poorly at work, and create physical hazards.

The three most common forms of substance abuse are:

1. Alcohol abuse and dependence
2. Heroin abuse and dependence
3. Cocaine abuse and dependence.

ANSWER THE FOLLOWING. EACH CARRIES 6 MARKS.

1. Anxiety has been called the “butterflies in the stomach feeling”.

At what stage does anxiety becomes a disorder. Discuss its types.

Ans: The term anxiety is usually defined as a diffuse, vague, very unpleasant feeling of fear and apprehension. The anxious individual also shows combinations of the following symptoms: rapid heart rate, shortness of breath, diarrhoea, loss of appetite, fainting, dizziness, sweating, sleeplessness, frequent urination and tremors. There are many types of anxiety disorders.

Generalised anxiety disorder consists of prolonged, vague, unexplained and intense fears that are not attached to any particular object. The symptoms include worry and apprehensive feelings about the future; hyper-vigilance, which involves constantly scanning the environment for dangers. It is marked by motor tension, as a result of which the person is unable to relax, is restless, and visibly shaky and tense.

Panic disorder consists of recurrent anxiety attacks in which the person experiences intense terror. A panic attack denotes an abrupt surge of intense anxiety rising to a peak when thoughts of a particular stimuli are present. Such thoughts occur in an unpredictable manner.

The clinical features include shortness of breath, dizziness, trembling, palpitations, choking, nausea, chest pain or discomfort, fear of going crazy, losing control or dying.

Phobias are irrational fears related to specific objects, people, or situations. Phobias often develop gradually or begin with a generalised anxiety disorder. Phobias can be grouped into three main types, i.e. specific phobias, social phobias, and agoraphobia.

Specific phobias are the most commonly occurring type of phobia. This group includes irrational fears such as intense fear of a certain type of animal, or of being in an enclosed space. Intense and incapacitating fear and embarrassment when dealing with others characterises social phobias. Agoraphobia is the term used when people develop a fear of entering unfamiliar situations.

Obsessive-Compulsive Disorder(OCD) is a type of anxiety disorder in which a person is unable to control his preoccupation with specific ideas or unable to prevent himself from repeatedly carrying out a particular act or series of acts that affect their ability to carry out normal activities. Obsessive behaviour is the inability to stop thinking about a particular idea or topic. The person involved, often finds these thoughts to be unpleasant and shameful.

Compulsive behaviour is the need to perform certain behaviours over and over again. Many compulsions deal with counting, ordering, checking, touching and washing.

Post-Traumatic Stress Disorder (PTSD) Experiencing and have been victims of severe stress situations such as tsunami or have been victims of bomb blasts by terrorists, leads to post-traumatic stress disorder (PTSD).

PTSD symptoms vary widely but may include recurrent dreams, flashbacks, impaired concentration, and emotional numbing.

2) Write a brief note on different behavioural and developmental disorders that you have learned in your class room.

OR

Describe the behavioural and developmental disorders prevalent among children.

Ans: Attention-deficit Hyperactivity Disorder (ADHD):The two main features of ADHD are inattention and hyperactivity- impulsivity. Children who are **inattentive** find it difficult to sustain mental effort during work or play. They have a hard time keeping their minds on any one thing or in following instructions.

Common complaints are that the child does not listen, cannot concentrate, does not follow instructions, is disorganised, easily distracted, forgetful, does not finish assignments, and is quick to lose interest in boring activities.

Children who are **impulsive** seem unable to control their immediate reactions or to think before they act. They find it difficult to wait or take turns, have difficulty resisting immediate temptations or delaying gratification. Minor mishaps such as knocking things over are common whereas more serious accidents and injuries can also occur.

Oppositional Defiant Disorder (ODD):Children with Oppositional Defiant Disorder (ODD) display age-inappropriate amounts of stubbornness, are irritable, defiant, disobedient, and behave in a hostile manner.

Conduct Disorder and Antisocial Behaviour: The terms Conduct Disorder and Antisocial Behaviour refer to age- inappropriate actions and attitudes that violate family expectations, societal norms, and the personal or property rights of others. The behaviours typical of conduct disorder include aggressive actions that cause or threaten harm to people or animals, non-aggressive conduct that causes property damage, major deceitfulness or theft, and serious rule violations.

Children show many different types of aggressive behaviour, such as verbal aggression (i.e. name-calling, swearing), physical aggression (i.e. hitting, fighting), hostile aggression (i.e. directed at inflicting injury to others), and proactive aggression (i.e. dominating and bullying others without provocation).

Separation anxiety disorder is an internalising disorder unique to children. Its most prominent symptom is excessive anxiety or even panic experienced by children at being separated from their parents. Children with SAD may have difficulty being in a room by themselves, going to school alone, are fearful of entering new situations, and cling to and shadow their parents' every move. To avoid separation, children with SAD may fuss, scream, throw severe tantrums, or make suicidal gestures.

Pervasive Developmental Disorders: Pervasive Developmental Disorders are characterised by severe and widespread impairments in social interaction and communication skills, and stereotyped patterns of behaviours, interests and activities. Autistic disorder or autism is one of the most common of these disorders. Children with autistic disorder have marked difficulties in social interaction and communication, a restricted range of interests, and strong desire for routine.

Eating disorders include anorexia nervosa, bulimia nervosa, and binge eating.

In **anorexia nervosa**, the individual has a distorted body image that leads her/him to see herself/himself as overweight. Often refusing to eat, exercising compulsively and developing unusual habits such as refusing to eat in front of others, the anorexic may lose large amounts of weight and even starve herself/himself to death.

In **bulimia nervosa**, the individual may eat excessive amounts of food, then purge her/ his body of food by using medicines such as laxatives or diuretics or by vomiting. The person often feels disgusted and ashamed when s/he binges and is relieved of tension and negative emotions after purging.

In **binge eating**, there are frequent episodes of out-of-control eating.

3) Give a brief note on schizophrenic disorders. Explain different symptoms associated with schizophrenia.

OR

Describe schizophrenic disorders.

Ans: Schizophrenia is the descriptive term for a group of psychotic disorders in which personal, social and occupational functioning deteriorate as a result of disturbed thought processes, strange perceptions, unusual emotional states, and motor abnormalities.

The social and psychological costs of schizophrenia are tremendous, both to patients as well as to their families and society.

The **symptoms of schizophrenia** can be grouped into three categories:
Positive symptoms, Negative symptoms and Psychomotor symptoms.

Positive symptoms are 'pathological excesses' or 'bizarre additions' to a person's behaviour. Delusions, disorganised thinking and speech, heightened perception and hallucinations, and inappropriate affect are the ones most often found in schizophrenia.

A **delusion** is a false belief that is firmly held on inadequate grounds. It is not affected by rational argument, and has no basis in reality.

Delusions of persecution are the most common in schizophrenia. People with this delusion believe that they are being plotted against, spied on, slandered, threatened, attacked or deliberately victimised.

People with schizophrenia may also experience **delusions of reference** in which they attach special and personal meaning to the actions of others or to objects and events.

In **delusions of grandeur**, people believe themselves to be specially empowered persons.

In **delusions of control**, they believe that their feelings, thoughts and actions are controlled by others.

Hallucinations are the perceptions that occur in the absence of external stimuli.

Auditory hallucinations are most common in schizophrenia. Patients hear sounds or voices that speak words, phrases and sentences directly to the patient.

Hallucinations can also involve the other senses. These include:

Tactile hallucinations (i.e. forms of tingling, burning),

Somatic hallucinations (i.e. something happening inside the body such as a snake crawling inside one's stomach),

Visual hallucinations (i.e. vague perceptions of colour or distinct visions of people or objects),

Gustatory hallucinations (i.e. food or drink taste strange), and

Olfactory hallucinations (i.e. smell of poison or smoke).

Formal Thought Disorders: People with schizophrenia may not be able to think logically and may speak in peculiar ways. These formal thought disorders can make communication extremely difficult. These include rapidly shifting from one topic to another so that the normal structure of thinking is muddled and becomes illogical (loosening of associations, derailment), inventing new words or phrases (neologisms), and persistent and inappropriate repetition of the same thoughts (perseveration).

Inappropriate Affect: People with schizophrenia also show inappropriate affect, i.e. emotions that are unsuited to the situation.

Negative symptoms are 'pathological deficits' and include poverty of speech, blunted and flat affect, loss of volition, and social withdrawal.

People with schizophrenia show **alogia** or poverty of speech, i.e. a reduction in speech and speech content.

Many people with schizophrenia show less anger, sadness, joy, and other feelings than most people do. Thus they have **blunted affect**.

Some show no emotions at all, a condition known as **flat affect**.

Also patients with schizophrenia experience **avolition**, or apathy and an inability to start or complete a course of action.

People with this disorder may **withdraw socially** and become totally focused on their own ideas and fantasies.

Psychomotor Symptoms: People with schizophrenia also show psychomotor symptoms. They move less spontaneously or make odd grimaces and gestures. These symptoms may take extreme forms known as catatonia.

People in a **catatonic stupor** remain motionless and silent for long stretches of time.

Some show **catatonic rigidity**, i.e. maintaining a rigid, upright posture for hours.

Others exhibit **catatonic posturing**, i.e. assuming awkward, bizarre positions for long periods of time.

4) Explain the factors underlying abnormal behaviour.

Or

Critically evaluate the causal factors of abnormal behaviour.

Ans: Biological factors influence all aspects of our behaviour. A wide range of biological factors such as faulty genes, endocrine imbalances, malnutrition, injuries and other conditions may interfere with normal development and functioning of the human body. These factors may be potential causes of abnormal behaviour.

Biological researchers have found that psychological disorders are often related to problems in the transmission of messages from one neuron to another.

When an electrical impulse reaches a neuron's ending, the nerve ending is stimulated to release a chemical, called a neurotransmitter.

Studies indicate that abnormal activity by certain neurotransmitters can lead to specific psychological disorders. Anxiety disorders have been linked to low activity of the neurotransmitter gamma aminobutyric acid (GABA), schizophrenia to excess activity of dopamine, and depression to low activity of serotonin.

Genetic factors have been linked to mood disorders, schizophrenia, mental retardation and other psychological disorders. Researchers have not been able to identify the specific genes that are the culprits. It appears that in most cases, no single gene is responsible for a particular behaviour or a psychological disorder. Infact, many genes combine to help bring about our various behaviours and emotional reactions, both functional and dysfunctional.

Psychological models provide a psychological explanation of mental disorders. These models maintain that psychological and interpersonal factors have a significant role to play in abnormal behaviour. These factors include maternal deprivation (separation from the mother, or lack of warmth and stimulation during early years of life), faulty parent-child relationships (rejection, overprotection,

over-permissiveness, faulty discipline, etc.), maladaptive family structures (inadequate or disturbed family), and severe stress.

The psychodynamic model states that behaviour, whether normal or abnormal, is determined by psychological forces within the person of which s/he is not consciously aware. These internal forces are considered dynamic, i.e. they interact with one another and their interaction gives shape to behaviour, thoughts and emotions. Abnormal symptoms are viewed as the result of conflicts between these forces.

This model was first formulated by Freud who believed that three central forces shape personality — instinctual needs, drives and impulses (id), rational thinking (ego), and moral standards (superego). Freud stated that abnormal behaviour is a symbolic expression of unconscious mental conflicts that can be generally traced to early childhood or infancy.

The behavioural model states that both normal and abnormal behaviours are learned and psychological disorders are the result of learning maladaptive ways of behaving. The model concentrates on behaviours that are learned through conditioning and proposes that what has been learned can be unlearned.

The cognitive model states that abnormal functioning can result from cognitive problems. People may hold assumptions and attitudes about themselves that are irrational and inaccurate. People may also repeatedly think in illogical ways and make over-generalisations, that is, they may draw broad, negative conclusions on the basis of a single insignificant event.

The humanistic model states that human beings are born with a natural tendency to be friendly, cooperative and constructive, and are driven to self-actualise, i.e. to fulfil this potential for goodness and growth.

Existentialists believe that from birth we have total freedom to give meaning to our existence or to avoid that responsibility. Those who shirk from this responsibility would live empty, inauthentic, and dysfunctional lives.

Diathesis-stress model states that psychological disorders develop when a diathesis (biological predisposition to the disorder) is set off by a stressful situation.

12)