4 PSYCHOLOGICAL DISORDERS

FACTS THAT MATTER

CONCEPT OF ABNORMALITY:

- There are many definitions of abnormality but none has got universal acceptance.
- Most definitions have certain common features called four Ds': Deviance, Distress, Dysfunction and Danger

Psychological Disorders are -

- **deviant - different, extreme, unusual, even bizarre**
- **Distressing - unpleasant and upsetting to the person and to others**
- **dysfunctional - interfering with the person's ability to carry out daily activities in a constructive way**
- and possibly **dangerous** to the person or to others.

The word 'abnormal' literally means "away from the normal"

- It implies deviation from some clearly defined norms or standards.
- There are two basic and conflicting views :

The first approach views

- **abnormal behaviour as a deviation from social norms.**
  Many psychologists have stated that 'abnormal' is simply a label that is given to a behaviour which is deviant from social expectations.
- Each society has norms, which are stated or unstated rules for proper conduct.
- Behaviours, thoughts and emotions that break social norms are called abnormal.
- A society's norms grow from its particular culture - its history, values, institutions, habits, skills, technology, and arts.
- Thus, a society whose culture values competition and assertiveness may accept aggressive behaviour as normal whereas
- Society that gives importance to cooperation and family values (such as in India) **may consider aggressive behaviour as unacceptable or even abnormal.**
- A society's values may change over time, causing its views of what is psychologically abnormal to change as well.
- **Serious questions** have been raised about this definition. It is based on the assumption that socially accepted behaviour is not abnormal, and that normality is nothing more than conformity **to social norms**.

The second approach views

- **abnormal behaviour as maladaptive**.
- Many psychologists believe that the best criterion for determining the normality of behaviour is not whether society accepts it but whether it fosters the well-being of the individual and eventually of the group to which he/she belongs.
- **Well-Being** is not simply maintenance and survival but also includes growth and fulfillment, i.e. the actualization of potential.
- According to this criterion, conforming behaviour can be seen as abnormal if it is maladaptive, i.e. if it interferes with optimal functioning and growth. For example, a

student in the class prefers to remain silent even when s/he has questions in her/ his mind.

- Describing behaviour as maladaptive implies that a problem exists.

Psychological disorders :

- Often characterised by superstition, ignorance and fear.
- It is commonly believed that psychological disorder is something to be ashamed of.
- **The stigma (shame, disgrace or dishonor)** attached to mental illness means that people are hesitant to consult a doctor or psychologist **because they are ashamed of their problems.**
- Psychological Disorder which indicates a failure in adaptation should be viewed as any other illness.

Historical Background of Psychological Disorder:

The history of abnormal psychology has been viewed through different periods of history.

The Ancient Theory

- It states that abnormal behavior can be explained by the **operation of supernatural and magical forces such as evil spirits (bhoot-pret), or the devil (shaitan).**
- ***Exorcism***, i.e. removing the evil that resides in the individual through counter magic and prayer, is still commonly used.
- In many societies, **the shaman, or medicine man (ojha)** is a person who is believed to have contact with supernatural forces and is the medium through which spirits communicate with human beings.
- **Through the shaman,** an afflicted person can learn which spirits are responsible for her/his problems and what needs to be done to appease them.

The Biological or Organic Approach

- A recurring (persistent) thing in the history of abnormal psychology is : The belief that individuals behave strangely because their bodies and their brains are not working properly.
- In the modern era, **there is evidence** that body and brain processes have been linked to many types of maladaptive behaviour.
- For certain types of disorders, correcting these defective biological processes results in improved functioning.

The Psychological Approach

- Psychological problems are caused by inadequacies in the way an individual thinks, feels, or perceives the world.
- All three of these perspectives — **supernatural, biological or organic, and psychological** have recurred throughout **the history of Western civilization**.

The Organism Approach

- Pertains to ancient western world
- Approach was given by **Hippocrates, Socrates in general and Plato in particular.**
- They viewed disturbed behaviour as arising out of conflicts between emotion and reason.
- **Galen** elaborated on the role of the four ***humours*** in personal character and temperament. According to him, the material world was made up of four elements **Earth, Air, Fire and Water** which combined to form four essential body fluids, viz, blood, black bile, yellow bile, and phleam. Each of these fluids was seen to be responsible for a different temperament. Imbalances among the humours were believed to cause various disorders.
- This is similar to the Indian notion of the three doshas of vata, pitta and kapha, which were mentioned in the Atharva Veda and Ayurvedic texts.

In the **Middle Ages**:

- Demonology and superstition gained renewed importance in the explanation of abnormal behaviour.
- **Demonology** related to a belief that people with mental problems were evil and there are numerous instances of 'witch-hunts' during this period.
- During the early **Middle Ages,** the Christian spirit of charity prevailed and **St.** Augustine wrote extensively about feelings, mental anguish and conflict. This laid the groundwork for modern psychodynamic theories of abnormal behaviour.

The Renaissance Period was marked by increased humanism and curiosity about behaviour. **Johann Weyer** emphasized

- psychological conflict and disturbed interpersonal relationships as causes of psychological disorders.
- He also insisted that 'witches' were mentailly disturbed and required medical, not theological treatment.

The Age of Reason and Enlightenment

- The seventeenth and eighteenth centuries were the age of Reason and Enlightenment.
- During this age **scientific method** replaced **faith and dogma** as ways of understanding abnormal behaviour.

The Reform Movement

- The growth of scientific attitude towards **Psychological Disorders** in the 18^{th} Century contributed to the reform movement and to increased compassion for people who suffered from these disorders.
- Reforms of asylums were initiated in both Europe and America. One aspect of the reform movement was the new inclination for deinstitutionalization which placed emphasis on providing community care for recovered mentally ill individuals.

In recent years, there has been a convergence of these approaches, which has resulted in an **Interactional or Bio-Psycho-Social approach.** From this perspective all three factors, i.e. Biological. Psychological and Social play important roles in influencing the expression and outcome of psychological disorders.

Classification of Psychological Disorders (PD)

- To understand PD we have to do classification of PD.
- Classification of psychological disorders is done in groups based on the shared characteristics of the group.

  Why Classification ?

  Classifications are useful because they enable psychologists, psychiatrists and social workers.
- to communicate with each other about the disorder,
- to help in understanding the causes of psychological disorders, and
- to know the processes involved in their development and maintenance.

DSM

- **The American Psychiatric Association (APA)** has published an official manual describing and classifying various kinds of psychological disorders.
- The current version of it is **"The 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'.
- These dimensions relate to **biological, psychological, social and other aspects**.

- The classification scheme officially used in India is the 10th revision of International Classification of Diseases (ICD)-10 which is known as **ICD-10 Classification of Behavioural and Mental Disorders.**
- It was prepared by the World Health Organization (WHO).
- For each disorder, a description of the main clinical features or symptoms, and of other associated features including diagnostic guidelines is provided in this scheme

FACTORS UNDERLYING ABNORMAL BEHAVIOUR

- Psychologists used different approaches.
- Each approach in use today emphasizes a different aspect of human behaviour, and **explains and treats abnormality in line with that aspect**.
- These approaches also emphasize the role of different factors such as biological, psychological and interpersonal, and soclo-cultural factors.

I. Biological Factors

- Influence all aspects of our behaviour.
- 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 behavior.
- According to this biological model, **abnormal behaviour has a biochemical or physiological basis.**
- Biological researchers have found that psychological disorders are often related to problems in the transmission of messages from one neuron to another.
- A tiny space called synapse separates one neuron from the next, and the message must move across that space. 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 amino butyric acid (GABA).
- **schizophrenia** linked to excess activity of **dopamine**, and
- **depression** linked to low activity of **serotonin**.

II. Genetic factors

- 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 no single gene is responsible for a particular behaviour or a psychological disorder.
- In fact, many genes combine to help bring about our various behaviours and emotional reactions, both functional and dysfunctional.
- Although there is sound evidence to believe that genetic biochemical factors are involved in mental disorders as diverse as schizophrenia, depression, anxiety, etc. and biology alone cannot account for most mental disorders.

1. Psychological model

- Provides a psychological explanation of mental disorder.
- As per this model **Psychological and interpersonal factors** play an important role 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 psychological models include **the psychodynamic, behavioural, cognitive, and humanistic-existential models.**

The psychodynamic model is the oldest and most famous of the modern psychological models.

Psychodynamic theorists believe that

- Psychological forces within the person of which he/she is not consciously aware, whether normal or abnormal, determine behaviour.
- 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.

2. The Behavioural Model

- This 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.
- Learning can take place by
  - ➢ **classical conditioning:** temporal association in which two events repeatedly occur close together in time.
  - ➢ **operant conditioning:** behaviour is followed by a reward, and
  - ➢ **social learning:** learning by imitating others' behaviour.
- These three types of conditioning account for behaviour, whether adaptive or maladaptive.

3. The Cognitive Model

- This 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 overgeneralizations, that is, they may draw broad, negative conclusions on the basis of a single insignificant event.

The humanistic-existential model

- **Humanists** believe that human beings are born with a natural tendency to be friendly, cooperative and constructive, and are driven to self-actualize, i.e. to fulfill 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 responsibiiity. Those who shirk from this responsibility **would live empty, inauthentic and dysfunctional lives.**

III. Socio-cultural Factors (war, violence, group prejudice and discrimination, economic and employment problems) create stress and can lead to psychological problems.

(*i*) **Family system** likely to produce abnormal functioning in individual members. *e.g.*, enmeshed structure in which members are over involved in each other's activities—children have difficulty becoming independent.

(*ii*) **Social networks** in which people operate (social and professional relationships)—people isolated and lacking social support likely to become depressed.

(*iii*) **Societal labels and roles** assigned to troubled people influence abnormal functioning. For example, person, who breaks societal norms called 'deviants' and 'mentally ill'—labels stick so that the person is encouraged to act sick, gradually accepts and plays the role and functions in a disturbed manner.

IV. Diathesis-Stress Model:

Psychological disorders develop when a **diathesis (biological predisposition to disorder) is triggered by a stressful situation**; three components—

(*i*) Diathesism presence of a biological aberration which may be inherited.
Diathesis may carry a **vulnerability to develop a psychological disorder**—person is 'at risk' or 'predisposed' to develop the disorder.

(*ii*) Presence of pathogenic stressors, *i.e.*, factors/stressors that may lead to psychopathology—if an 'at risk person' is exposed to these stressors, predisposition may evolve into a disorder. *e.g.*, anxiety, depression, schizophrenia.

V. Interactional approach, *i.e.*, Biological, Psychological and social factors in combination cause mental disorders.

Main Disorders:

1. Anxiety Disorders:

High levels of anxiety that are distressing and interfere with effective functioning is known as anxiety disorder.

Anxiety: A diffuse vague, very unpleasant feeling of fear and apprehensions without any apparent reason.

Symptoms: Rapid heart-rate, shortness of breath, diarrhoea, loss of appetite, fainting, dizziness, sweating, sleeplessness, frequent urination and tremors.

Disorder	Description	Symptoms
Generalised anxiety disorder (GAD)	Prolonged, vague, unexplained and intense fears that are not attached to any particular object.	Worry and **apprehensive feelings** about the future**.** **Hyper vigilance—** constantly scanning the environment for dangers. **Motor tension—**person is unable to relax, is restless and visibly shaky and tense.
Panic Disorder	**Recurrent anxiety** characterised by feelings **of intense terror and dread.** Denotes an **abrupt surge of intense anxiety** rising to a peak when thoughts of a particular stimulus are present. Thoughts occur in an **unpredictable manner.**	Shortness of breath, dizziness, trembling, palpitations, choking, nausea, chest pain of discomfort, fear of going crazy, losing control or dying.
Phobias	Often develop gradually with GAD. **Specific phobias—**irrational fears of a **certain stimulus or event.** **Social phobias**—intense and **incapacitating fear and embarrassment** when **dealing with others.** **Agoraphobia—**fear of entering **unfamiliar situation;** ability to carry out normal life activities severely limited.	

Obsessive-Compulsive Disorder	Inability to control **preoccupation with shameful, embarrassing thoughts.** **Obsessive—**inability to stop thinking about a particular idea or topic. **Compulsive—**need to perform certain behaviours or carry out a particular act repeatedly.	
Post-Traumatic Stress Disorder (PTSD)	Followed by a **traumatic or stressful event.**	Recurrent dreams, flashbacks, impaired concentration and emotional numbing.

2. **Obsessive compulsive and related disorders:** The term obsessive-compulsive disorder refers to a disorder of the brain that affects behaviour.
   The DSM-5 groups OCD, body dysmorphic disorder and Trichotillomania (Hair pulling disorder) together.
   According to DSM-5, OCD was removed from the Anxiety disorders section and given its own chapter.
3. **Trauma and Stress Related Disorders:** Include disorders in which exposure to a traumatic or stressful event is listed explicitly as a diagnostic electrician. These include reactive attachment disorder, discuhilsted social engagement disorder, PTSD, acute stress disorder and adjustment disorder.
   These disorders reflect close relationship with Anxiety disorders, obsessive compulsive and related disorders and dissociative disorders.
4. **Somatic Symptom and Related Disorders:**
   Somatic symptom and related disorders are mental health disorders characterised by an intense focus on physical (somatic) symptoms which cause significant distress and/or interfere with daily functioning. In these disorders individual having a significant focus on physical symptoms such as pain, weakness or shortness of breath.
   Earlier this disorder was named as somatoform disorders.
   Physical symptoms **in the absence of a physical disease**.
   Individual **has psychological difficulties and complains of physical symptoms for which there is no biological cause**.

Disorder	Description	Symptoms
Pain Disorders	**Extreme and incapacitating pain** either Without any identifiable biological symptoms. Greatly in excess of what might be expected to accompany biological symptoms. **Active coping—**remaining active and ignoring pain. **Passive coping—**reduced activity and social withdrawal	
Somatisation Disorders	**Multiple or chronic bodily complaints** presented in a dramatic and exaggerated way. **Vague and recurring symptoms** without any organic cause	Headaches, fatigue, heart palpitations, fainting spells, vomiting, allergies
Conversion Disorders	**Loss or impairment of motor or sensory function** without physical cause but may be a response to stress and psychological problems.	Paralysis, blindness, deafness, difficulty in walking. Symptoms often occur after a stressful exper-ience and may be quite sudden.

Hypochond-riasis	**Persistent belief that he is suffering from a serious illness.** **Despite** • Medical evaluation. • Lack of physical findings. • Obsessed towards health. Obsessive preoccupation and concern with the condition of body organs and continually worry about their health.	

5. Dissociative Disorders

Dissociation: Severance of the **connection between ideas and emotions involves felling of unreality, estrangement depersonalisation, loss or shift of identity**.

Sudden temporary alteration of consciousness that blot out painful experience

Disorder	Description
Dissociative Amnesia	**Extensive but selective memory** loss without organic cause. Inability to remember the past specific events or personal information. Often **related to a stressful and traumatic report.**
Dissociative Fugue	Unexpected travel away from home and workplace/stressful environment. Assumption of a new identity. Inability to recall Previous identity. Ends when person 'wake up' with no memories of events occurred during Fugue.
Dissociative Identity (Multiple Personality)	Person assumes alternate, **contrasting personalities** that **may or may not be aware of each other.** Often associates with traumatic experience in childhood or a history of physical abuse.
Depersonalization	**Dreamlike state** in which person has a sense of **being separated from self and reality.** Change of self-perception, sense of reality is temporarily lost or changed.

6 Depressive and Related Disorders

Depressive Disorders: This is a mental health disorder characterised by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life.

It is persistent feelings of sadness, worthlessness hopelessness and lack of interest. This leads to a range of behavioural and physical symptoms. It includes changes in sleep, appetite, energy level, concentration, daily behaviour or self esteem. It can also be associated with thoughts of suicide.

Disturbances in **or prolonged emotion estate**.

Depression—**symptoms** (term **used for normal feeling of loss or failure**) and **disorder (variety of negative and behavioural changes)**

Disorder	Description	Symptoms
Major depressive Disorder	**A period of depressed and/or loss of interest and pleasure in most activities.**	Change in body weight, constant sleep problems, tiredness, inability to think clearly, agitation, greatly slowed behaviour, thoughts of death and suicide, **excessive guilt of feeling of worthlessness.**

Mania	**Rarely appear independently, usually alternate with depression.**	Euphoric (high), extremely active and talkative, easily distractible.
Bipolar Disorder (Manic depressive)	**Mania and depression are alternately present and interrupted by periods of normal mood.**	Highest lifetime risk of suicide attempt.

Factors Predisposing towards Depression: / Risk Factors

1. Genetic make-up or heredity.
2. Age—young adulthood (women), early middle age (men).
3. Gender—women are more likely to report a depressive disorder.
4. Negative life events.
5. Lack of social support.

Risk Factors predicting Likelihood of Suicide.

1. Age—highest among teenagers, young adults and those over 70 years.
2. Gender—men have a higher rate of contemplated suicide.
3. Ethnicity—cultural attitudes, *e.g.*, Japan—suicide is appropriate to deal with feelings of disgrace.
4. Recent occurrence of serious life events.
5. Negative expectations, setting unrealistically high standards, being over critical in self-evaluation.

Prevention of Suicide (be alert to following symptoms):

1. Changes in eating and sleeping habits.
2. Withdrawal from friends, family and regular activities.
3. Violent actions, rebellious behaviour, drug and alcohol abuse.
4. Difficult in concentration, loss of interest in pleasurable activities.
5. Marked personality change.

7. **Bipolar and Related Disorder:** Bipolar and related disorders are separated from the depressive disorders in DSM-5 and placed between the chapters in schizophrenia spectrum and other psychotic disorders and depressive disorders in recognition of their place as a bridge between the two diagnostic classes in terms of symptomatology family history and genetics.
8. **Schizophrenic Spectrum and other Psychotic Disorders:**

Schizophrenic and the other psychotic disorders are some of the most impairing forms of psychopathology.

The spectrum of psychotic disorders includes schizophrenia, schizoaffective disorder, delusional disorder, schizotypal disorder as well as psychosis associated with substance use or medical conditions.

The primary clinical features of these disorder, describe the known cognitive and these biological changes associated with schizophrenia, describe potential risk factors and/or causes for the development of schizophrenia.

These psychotic disorders in schizophrenic spectrum show symptoms like delusions, hallucinations, disorganised speech and behaviour, abnormal motor behaviour including catatonia, and negative symptoms like avolition, blunted affect, flat affect and alogia.

Schizophrenia is the descriptive term for a group of psychotic disorders in which personal, social and occupational functioning deteriorate as a result of—

(*i*) Disturbed thought processes, (*ii*) Strange perceptions,
(*iii*) Unusual emotional states, (*iv*) Motor abnormalities.

1. **Positive Symptoms:** excesses of thought, **emotion and behaviour; 'pathological excesses' or 'bizarre additions' to a person's behaviour**.

Symptoms	Definition	Types
Delusions	**A false belief firmly held on inadequate grounds.** **Unaffected by rational argument.** **Has no basis in reality.**	**Persecution** (most common)- belief of being plotted against, spied on, slandered, threatened, attacked, deliberately victimized
Formal Thought Disorders	Inability to think logical. Speak in peculiar ways. Makes communication very difficult.	**Loosening of associations, derailment—** rapidly shifting from one topic to another so that the normal structure of thinking is muddled and becomes illogical. **Neologisms—**inventing new words or phrases **Perseveration—**persistent and inappro-priate repetition of the same thoughts.
Hallucinations	Perceptions that occur in the absence of external stimuli	**Auditory** (most common)- hear sounds or voices that speak words, phrases and sentences directly to the patient (*second person hallucination*) or talk to one another referring to the patient as s/he (*third person hallucination*).
		Tactile—forms of tingling, burning. **Somatic—**something happening inside the body such as a snake crawling inside one's stomach. **Visual—**vague perceptions of colour or distinct visions for people or objects. **Gustatory—**food or drink taste strange. **Olfactory—**smell of poison or smoke.
Inappropriate Effect	Emotions that are unsuited to the situation.	

2. **Negative Symptoms: deficits of thought, emotion and behaviour; 'pathological deficits'.**

Symptom	Definition
Alogia (poverty of speech)	Reduction in speech content.
Blunted Effect	Show less feelings than most people do.
Flat Effect	Show no emotions at all.
Avolition (loss of volition)	Apathy and an inability to start or complete a course of action.
Social Withdrawal	Withdraw socially, become totally focused on own ideas and fantasies.

3. **Psychomotor Symptoms:**

Symptoms	Definition
Catatonic Stupor	**Remain motionless and silent for long stretches of time.**
Catatonic Rigidity	**Maintaining a rigid, upright posture for hours.**
Catatonic Posturing	**Assuming awkward, bizarre positions for long periods.**

4. **Sib-Types of Schizophrenia:**

Type	Characteristics
Paranoid	Preoccupation with delusions or auditory hallucinations.
Disorganized	Disorganized speech and behaviour; inappropriate or flat effect.
Catatonic	Extreme motor immobility; excessive motor inactivity; extreme **negativism** (*i.e.*, resistance to instructions) or **mutism** (*i.e.*, refusing to speak).
Undifferentiated	Does not fit any of the sub-types but meets symptoms criteria.
Residual	Has experienced at least one episode of schizophrenia; shows only negative symptoms.

Children and Developmental Disorders:

- Specific to children and if neglected, can lead to serious consequences later in life.
- Children have less self-understanding and they have not yet developed a stable sense of identity—unable to cope with stressful events.
- Although their inexperience and lack of self-sufficiency make them easily upset by problems that seem minor to an adult, children typically bounce back more quickly.

A. Behavioural disorders:

- **Classification of Children's Disorders (Achenbach):**

Externalisation	Internalisation
Under controlled.	Over controlled.
Behaviours that are disruptive and often aggressive and aversive to others in the child's environment.	Experiences depression, anxiety, and discomfort that may not be evident to others.

(*a*) Externalization:

1. **Attention Deficit Hyperactivity Disorder (ADHD):**
   - **Inattentive:** finds and difficult to substation mental effort during work or play—does not listen, cannot concentrate, does not follow instructions, is disorganized, easily distracted, forgetful.
   - **Impulsive:** Unable to control their immediate reaction or think before they act— find it **difficult to** wait or take turns, resting immediate temptation or delaying gratification.
   - **Hypoactive:** In constant motion, may fidget squirm climb and run around the room aimlessly, always on the go and talk incessantly.
2. **Oppositional Defiant Disorder (ODD):**
   - Display age-inappropriate amount of stubbornness—are irritable, defiant, disobedient, and behave in hostile manner.
   - Rated in boys and girls are not very different.

3. **Conduct Disorder and Antisocial Behaviour:**
    - Display age-inappropriate action and attitudes that violate family expectations, societal norms and personal or property rights of others.
    - Aggressive actions that cause or produced harm to people or animals, property damage, major deceitfulness or theft, and serious rule violations.
    - Different types of aggressive behaviour, such as verbal aggression (directed at inflicting injury to other), proactive aggression (dominating and bullying other without provocation).

(*b*) Internalization:

1. **Separation Anxiety Disorder (SAD)**
    - Excessive anxiety or even panic experienced by children at being separated from their parents.
    - May have difficult being in a room by themselves, going to school alone are fearful of entering new situation, and cling to and shadow their parents' every move.
    - To avoid separation, children with SAD may fuss screen throw severe tantrums or make suicidal gestures.

Depression:

The ways in which children express and experience depression are related to their level of physical emotional and cognitive development.

An infant may show sadness by being passive and unresponsive—a pre-schooler may appear withdrawn and inhibited; a school-age child may be argumentative and combative; and teenager may express feeling of guilts and hopelessness.

B. Pervasive Developmental Disorders.

Characterized by severe and widespread impairments in social interaction and communication skills, and stereotyped patterns of behaviours, interests and activities.

(*a*) Autistic Disorder or Autism: [Pervasive Development Disorder]

- Difficulty in **social interaction** and relating to other people—unable to initiate social behaviours, seen unresponsive to other people's feelings, unable to share experiences or emotions with others.
- Serious, persistent **abnormalities in communication** and language—many never develop speech and those who do, have repetitive and deviant speech patterns.
- Show **narrow patterns of interests** and **repetitive behaviours,** *e.g.*, lining up objects or body movements such as rocking—motor movements may be *self-stimulatory* (hand flapping) or *self-injurious* (banging their head against the wall).
- About 70 percent children are also mentally retarded.

(*b*) Mental Retardation: [Developmental disorder]

- Mental retardation refers to below average intellectual functioning.
- IQ approximately 70 or below.
- Deficit or impairment in adaptive behaviour particularly in the areas of communication, self care, home living, social interpersonal skills, academic skills, vocational adjustment work etc.
- Manifested before the age of 18 years.
- It can get manifested at four levels i.e.

Mild (IQ range 50-70) Moderate (IQ range 35-49)
Sevese (IQ range 20-34) Profound (IQ = Below 20)

9. **Neurodevelopmental Disorders:** These are impairments of the growth and development of the brain or CNS. A narrower use of the term refers to a disorder to brain function that affects emotion, learning ability, self control and memory and that unfolds as an individual develops and grows.

   These disorders are a group of disorders that develop due to an abnormal brain development or by damage at an early age. The most known disorders are ADHD, ASD, Dyslexia or language disorders.

10. **Disruptive, Impulse Control and Conduct Disorders:** DSM-5 has a new chapter on disruptive, impulse control and conduct disorders. These disorders refer to a group of disorders that include oppositional defiant disorder, conduct disorder, intermittent explosive disorder, kleptomania and pyromania.

    These disorders can cause people to behave angrily or aggressively towards people or property.

    This disorder includes conditions involving problems in the self control of emotions and behaviours. It includes recurrent pattern of negativistic defiant, disobedient, and hostile behaviour towards authority figures.

11. **Feeding and Eating Disorders: (Disorders related to youth)**

    In the current psychiatric nomenclature of the diagnostic and statistical manual of mental disorders, fifth edition (DSM-5) the feeding and eating disorders category includes three eating disorder syndromes – anorexia Nervosa, Bulinua Nervosa, and Binge eating disorder and three conditions that were modified and moved from the section on feeding and eating disorders of infancy or early childhood in DSM-IV-TR-Pica, rumination disorder, and Avoidant-Restrictive food intake disorder (ARFID).

    - **Anorexia nervosa:** a distorted body image that leads him/her to see himself/herself as overweight—refuses to eat, exercises compulsively, develops unusual habits such as refusing to eat in front of others, may lose large amounts of weight and even starve himself/herself to death.
    - **Bulimia nervosa:** may eat excessive amounts of food, then purge his/her body of food by using medicines such as laxatives or diuretics or by vomiting—feels disgusted and ashamed when he/she binges and is relieved of tension and negative emotions after purging.
    - **Binge eating** : frequent episodes of out-of-control eating.

12. **Substance Related and Addictive Disorders:**

    Substance use disorders are among the most common mental health disorders among adolescents. They cause considerable morbidity and mortality. These disorders involve significant environmental contexts and biological processes which contribute to risk for and development of these disorders.

    DSM-V categorised substance use disorders now as substance related and addictive disorders because they are considering whether addictive disorders should include non-substance use disorders. For example whether disorders such as pathological gambling (PG) should be grouped together with substance, green that they share many features.

    Disorders relating to maladaptive behaviours resulting from regular and consistent use of the substance involved.

Substance Dependence	Substance Abuse
Intense craving for the substance to which the person is addicted—the person shows tolerance, withdrawal symptoms and compulsive drug-taking.	Recurrent and significant adverse consequences related to the use of substances.

Tolerance—the person has to use more of a substance to get the same effect. **Withdrawal—**physical symptoms that when a person stops or cuts down on the use of a **psychoactive substance,** *i.e.*, a substance that has the ability to change an individual's consciousness, mood and thinking processes		People who regularly ingest drugs damage their family and social relationships, perform poorly at works, and create physical hazards.	
Substance	**Abuse**	**Dependence**	**Effects**
Alcohol	Body builds up a tolerance. Withdrawal symptoms occur.	Body builds up a tolerance. Withdrawal symptoms occur.	Children of persons with disorder—higher rates of psychological problems, (anxiety, depression, phobias and substance-related disorders). Excessive drinking health seriously damage physical health.
Cocaine	Pattern of abuse: Person may be intoxicated throughout the day. Functions poorly in social relationships and at work.	Dominates the person's life-tolerance. Withdrawal symptoms: feelings of depression, fatigue, sleep problems, irritability and anxiety.	Dangerous effects on psychological functioning and physical well-being may also cause problems in short-term memory and attention.
Heroin	Significantly interferes with social and occupational functioning.	Lives revolve around the substance—build up a tolerance for it and experience a withdrawal reaction.	**Overdose:** slows down the respiratory centres in the brain, almost paralyzing breathing, in many cases causing death.

WORDS THAT MATTER

- **Abnormal Psychology:** Serenities study of abnormal behaviour. By using scientific Techniques, Psychology attempts to describe, explain and predict abnormal behaviour.
- **Anti-Social Behaviour:** refers to any behaviour that is considered harmful or disruptive within a group or society. Aspects of behaviour such as aggression or deserimination would fall into this category.
- **Anorexia nervosa:** Disorder involving severe loss of body weight, accompanied by an intense fear of gaining weight or becoming 'fat'.
- **Anxiety:** A state of psychic distress characterized by fear, apprehension, and physiological arousal.
- **Anxiety Disorders:** Disorders in which anxiety is a central symptom. The disorder is characterized by feelings of vulnerability, apprehension, or fear.
- **Autism:** Pervasive developmental disorder beginning in infancy and involving a wide range of abnormalities, including deficits in language, perceptual, and motor development, defective reality testing, and social withdrawal.
- **Delusions:** Irrational beliefs that are held despite overwhelming evidence to the contrary.

- **De-institutionalisation:** Movement whose purpose is to remove from care-giving institution such as large mental hospitals all those patients who do not present a clear danger to others or to themselves and to provide treatment an sheltered living conditions for them in the community.
- **Depersonaliaation Disorder:** Dissociative disorder in which there is a loss of the sense of self.
- **Diathesis-stress Model:** A view that the interaction of factors such as biological predisposition combined with life stress may cause a specific disorder.
- **Dissociation:** A split in consciousness whereby certain thoughts, feelings, and behaviour operate independently from others.
- **Exorcism:** Religiously inspired treatment procedure designed to drive out evil spirits or forces from a 'possessed' person.
- **Eating disorders:** A term which refers to a serious disruption of the eating habits or the appetite. The main types of eating disorders are Anorexia Nervosa, Bulimia Nervosa and Binge eating.
- **Genetics:** A branch of Biology referring or relating to genes. Inherited genes are basic unit of inheritance.
- **Hallucination:** A false perception which has a compulsive sense of the reality of objects although relevant and adequate stimuli for such perception is lacking. It is an abnormal phenomenon.
- **Hypochondriasis:** A psychological disorder in which the individual is dominated by preoccupation with bodily processes and fear of presumed diseases despite reassurance from doctor that no physical illness exists.
- **Hyperactivity:** Condition characterised by over active, poorly controlled behaviour and lack of concentration.
- **Main symptom of ADHD:** Severe and frequent problems of either or both attention to tasks or hyperactive and impulsive behaviour.
- **Mental retardation:** Subnormal intellectual functioning associated with impairment in adaptive behaviour and identified at an early age.
- **Neurotransmitter:** Chemicals that carry message across the synapse to the dendrite (and sometimes the cell body) of a receiver neuron.
- **Norms:** A generalised expectation shared by most members of a group or culture that underlies views of what is appropriate within that group.

  In terms of Psychological testing norms are standards of test performance that permit the comparison of one person's score on the test to the scores of others who have taken the same test. This is the criteria to compare or typical score of an average group.
- **Obsessive-compulsive Disorder:** A disorder characterized by obsession or compulsions.
- **Phobia:** A strong, persistent. And irrational fear of some specific object or situation that presents little or no actual danger to a person.
- **Post-traumatic Stress Disorder:** Patterns of symptoms involving anxiety reactions, tension, nightmares, and depression following a disaster such as an earthquake or a flood.
- **Schizophrenia:** A group of psychotic reactions characterized by the breakdown of integrated personality functioning, withdrawal from reality, emotion blunting and distortion, and disturbances in thought and behaviour.
- **Somatoform disorder:** Condition involving physical complaints or disabilities occurring in the absence of any identifiable organic cause.

- **Substance Abuse:** The use of any drug or chemical to modify mood or behaviour that results in impairment.
- **Syndrome:** Group or pattern of symptoms that occur together in a disorder and represent the typical picture of the disorder.

NCERT TEXTBOOK QUESTIONS SOLVED

Q1. Identify the symptoms associated with depression and mania.

Ans. Depression and Mania are mood disorders. These are characterized by disturbances in mood or prolonged maladaptive emotional state.

The main types of mood disorders include:

1. Major Depression disorders 2. Mania 3. Biopolar Disorders

Depression may get manifested as a symptom of a disorder or a major disorder in itself.

1. Major depressive disorders are defined as a period of depressed mood and/or loss of interest or pleasure in most activities, together with other symptoms which may include.

Symptoms of Depression:

- Loss of energy, great fatigue.
- Constant sleep problems.
- Inability to think clearly.
- Greatly slowed behaviour.
- Breakup in relationship.
- Change in body weight,
- Tiredness.
- Agitation.
- Thoughts of death and suicide.
- Negative self-concept.
- No interest in pleasurable activities.
- Other symptoms include excessive quilt or feelings of worthlessness.

Factors Predisposing towards Depression:

- **Genetic make-up**

  Heredity is an important risk factor for major depression and bipolar disorders.
- **Age** is also a risk factor. For instance, women are particularly at risk during young adulthood, while for men the risk is highest in early middle age.
- **Gender** also plays a great role in this differential risk addition. For example, women in comparison to men are more likely to report a depressive disorder.
- **Situational factors** like negative life event, lack of social support and not able to live up to expectations etc. are few examples.

2. Mania:

Symptoms of mania.

- Increase in activity level.
- Excessively talkative.
- Impulsive.
- Euphoric.
- Easily distracted.
- Less than usual amount of sleep.
- Inflated self esteem.
- Excessive involvement in pleasurable activities.

3. Biopolar Disorders:

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 **manicdepressive disorders**.)

- It is cyclic in nature.

- In bipolar disorders, depression alternates with periods of mania, and shows behaviour that is quite opposite to depression.
- In the manic state, the individual turns megalomaniac. Person develops grandiose cognitions and doesn't consider the negative consequences before acting on these grandiose plans.
- Speech is often rapid, as if she has to say as many words as possible in the time allotted.
- The risk of a suicide attempt is highest in case of bipolar mood disorders.

Q2. Describe the characteristics of hyperactive children.

Ans. **Achenbach** has identified two factors in behavioural disorders:

- Externalizing Factors
- Internalizing Factors

These disorders must manifest before the age of 18.

On the basis of these two factors he classified children's disorders in two categories:

- **The externalizing disorders** or **undercontrolled emotions:** Behaviours that are disruptive and often aggressive and aversive to others in the child's environment.
- **The Internalizing disorders** or **over-controlled emotions:** Those conditions where the child experiences depression, anxiety, and discomfort that may not be evident to others.

1. Externalizing Disorders:

(*a*) Attention-deficit Hyperactivity Disorder (ADHD).

(*b*) Oppositional Defiant Disorder (ODD).

(*c*) Conduct Disorder.

(*a*) Attention-deficit Hyperactivity Disorder (ADHD):

The two main features of ADHD are:

(*i*) Inattention (*ii*) Hyperactivity-impulsivity.

Inattention:

- 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 disorganized, easily distracted forgetful, does not finish assignments, and is quick to lose interest in boring activities.
- Children who are **impulsive**, 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 are common whereas more serious accidents and injuries can also occur.
- **Hyperactivity** also takes many forms. Children with ADHD are in constant notion. Sitting still for some time through a lesson is impossible for them. The child may fidget, squirm, climb and run around the room aimlessly.
- Parents and teachers describe them as 'driven by a motor', always on the go, and talk a lot.
- Boys are four times more prone for this diagnosis than girls.

(*b*) Children with Oppositional Defiant Disorder (ODD):

- Age-inappropriate amounts of stubbornness,
- Irritable,
- Defiant, disobedient, and
- Behave in a hostile manner.

Unlike ADHD, the rates of ODD in boys and girls are not very different.

(*c*) Conduct Disorder and Antisocial Behaviour refer to age-inappropriate actions and attitudes that violate family expectation, societal norms, and the personal or property rights of other.

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 dishonesty,
- Theft and
- Serious rule violations.

Children show many different types of aggressive behaviour, as—1

- Verbal aggression (*i.e.*, name-calling, swearing),
- Physical aggression (*i.e.*, hitting, fighting),
- Hostile aggression (*i.e.*, directed at inflicting injury to others),
- Proactive aggression (*i.e.*, dominating and bullying others without provocation).

2. Internalizing disorders

(*a*) Separation Anxiety Disorder (SAD) (*b*) Depression

(*a*) Separation anxiety disorder is an internalizing disorder unique to children. Its most prominent symptom is—

- Excessive anxiety or even panic experienced by children at being separated from their parents.
- 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.

(*b*) Depression:

- An **infant** may show sadness by being **passive** and **unresponsive**; a **preschooler** may appear withdrawn and inhibited; a **school-age child** may be **argumentative** and **combative**; and a **teenager** may express feelings of guilt and hopelessness.

Q3. What do you understand by substance abuse and dependence?

(Outside Delhi 2009, Delhi Board 2014)

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 which alter the way people think, feel and behave.

There are **two sub-groups of substance-use disorders**:

(*a*) **Substance Dependence** refers to **intense craving for the substance** to which the person is addicted.

The person shows tolerance, withdrawal symptoms and compulsive drug taking. *Tolerance* means that the person has to use more and more of a substance to get the same effect.

Withdrawal refers to physical symptoms that occur when a person stops or cuts down on the use of a psychoactive substance, *i.e.*, a substance that has the ability to change an individual's consciousness, mood and thinking processes.

(*b*) **Substance Abuse** refers to recurrent and significant adverse consequences related to the use of substances.

People, who regularly consume drugs, damage their family and social relationships, perform poorly at work, and create physical hazards.

Substance abuse disorders are a joint result of physiological dependence and psychological dependence. **Physiological dependence** refers to withdrawal symptoms, *i.e.*, the excessive dependence of the body on drugs. **Psychological dependence,** on the other hand, refers to the strong craving for a drug because of its pleasurable effects.

The three most common forms of substance abuse:

- Alcohol abuse and dependence
- Cocaine abuse and dependence
- Heroin abuse and dependence

Alcohol Abuse and Dependence:

- People, who abuse alcohol, drink large amounts regularly and rely on it to help them face difficult situations.
- Eventually, the drinking interferes with their social behaviour and ability to think and work.
- For many people the pattern of alcohol abuse extends to dependence. That is their bodies build up a tolerance for alcohol and they need to drink even greater amounts to feel its effects.
- They also experience withdrawal responses when they stop drinking. Alcoholism destroys millions of families and careers.
- Intoxicated drivers are responsible for many road accidents.
- It also has serious effects in the children of persons with this disorder.
- These children have higher rates of psychological problems. Particularly anxiety.
- Depression phobias and substance-related disorders.
- Excessive drinking can seriously damage physical health. Some of the ill effects of alcohol can be been on health and psychological functioning.

Heroin Abuse and Dependence:

- Heroin intake significantly interferes with social and occupational functioning.
- Most abusers further develop a dependence on heroin, revolving their lives around the substance, building up a tolerance for it, and experiencing a withdrawal reaction when they stop taking it.
- The most direct danger of heroin abuse is an overdose, which slows down the respiratory centres in the brain, almost paralyzing breathing, arid in many cases causing death.
- Regular use of cocaine may lead to a pattern of abuse in which the person may be intoxicated throughout the day and function poorly in social relationships and at work.
- It may also cause problem in short-term memory and attention.
- Dependence may develop, so that cocaine dominates the person's life, more of the drug is needed to get the desired effects and stopping it results in feeling of depression, fatigue, sleep problems, irritability and anxiety.

- Cocaine poses serious dangerous effects on psychological functioning and physical well-being.

Q4. Can distorted body image lead to eating disorders? Classify the various forms of it.

Ans. Term 'eating disorder' refers to serious disruption of the eating habit or the appetite manifested as distorted body image. The main types are:

- Anorexia nervosa
- Bulimia nervosa
- Binge eating

In anorexia nervosa, the individual has:

- A distorted body image that leads him/her to see himself/herself as overweight.
- Often refusing to eat, exercising compulsively and developing unusual habits such as refusing to eat in front of others.
- Anorexic may loose large amounts of weight and even starve himself/herself to death.

In bulimia nervosa,

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

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

Q5. "Physicians make diagnosis looking at a person's physical symptoms." How are psychological disorders diagnosed?

Ans. Psychological disorders are diagnosed on the basis of two classifications, *i.e.*, DSM or IV and ICD-X.

- Classification of psychological disorders consists of a list of categories of specific psychological disorders grouped into various classes on the basis of some shared characteristics.
- International Classification of Diseases (ICD-10) is classification of behavioural and mental disorders.
- **ICD-10** refers to international classification of diseases and its 10th revision is being used.
- It is developed by **WHO** under one broad heading 'Mental Disorders' which is based on symptoms.
  (The classification scheme is officially used in India)
- The **American Psychiatric Association (APA)** has published an official manual of psychological disorders:
  The Diagnostic and Statistical Manual of Mental Disorders, IVth Edition (DSM-IV).
- It Evaluates the patient on five axes or dimensions rather than just one broad aspect of 'mental disorder'.
- These dimensions relate to biological, psychological, social and other aspects.

Uses of Classification:

- Classifications are useful because they enable psychologists, psychiatrists and social workers to communicate with each other about the disorders.
- Helps in understanding the causes of psychological disorders and the processes involved in their development.
- It helps in Clinical diagnosis.

Q6. Distinguish between obsessions and compulsions. (Delhi Board 2014)

Ans. • Sometimes anxiety and tension are associated with obsessions—persistent unwanted thoughts, impulses or ideas or compulsions—seemingly irrational behaviours repeatedly carried out in a fixed, repetitive way.

- People with obsessive-compulsive disorders find their obsessions or compulsions distressing and debilitating but feel unable to stop them.
- The compulsive actions are usually carried on to alleviate the anxiety caused by obsessions. A person provoked with anxious thoughts may try to block them out by compulsively counting steps while walking. Another person obsessed with the idea that he is guilty or dirty, may wash his hands every few minutes, sometimes till the bleed.
- The symptoms of OCD include a contamination – an obsession of contamination followed by washing or compulsive avoidance of the object. Shame and disgust and the feeling of being easily contaminated are common. Patients usually believe that the contamination is spread from object to object or person to person by the slightest contact.
  (*a*) **Pathological Doubt—**Obsession of doubt followed by the compulsion of checking. Patients have an obsessional self-doubt and are always feeling guilty about having forgotten something. The checking may involve multiple trips back to the house to check the stove.
  (*b*) **Intrusive Thoughts—**repetitive thoughts of a sexual or aggressive act that is reprehensible to the patient. This is usually not followed by compulsions.
  (*c*) **Symmetry—**he need for symmetry and precision, which can lead to a compulsion of slowness. Patients can literally take an hour to shave their faces or eat a meal.
  (*d*) Other symptom patterns may include religions obsessions and compulsive hoardings as well as trichotillomania (compulsive half pulling) and nail-biting.

Q7. Can a long-standing pattern of deviant behaviour be considered abnormal? Elaborate.

Ans.
- Abnormal behaviour is a relative term. It is a matter of degree. It is qualitative difference. There is no quantitative difference between normal and abnormal.
- The word 'Abnormal' literally means away from the normal. It implies deviation from some clearly defined norms or standards.
- **Various Views to explain Abnormality:**

1. Abnormality as Deviation from Social Norms:
- Each society has social norms, which are stated or unstated rules for proper conduct. Behaviours, thoughts and emotions that break societal norms are called **abnormal.**
- Behaviour violates social norms or threatens or makes anxious those observing it. Violation of norms makes abnormality a relative concept; various forms of unusual behavioural can be tolerated depending on the prevailing cultural norms. Yet this component is also at once too broad and too narrow.
- A society's values may change over time. Serious questions have been raised about this definition.
- It is based on the assumption that socially accepted behaviour is not abnormal, and that normality is nothing more than conformity to social norms.
- This approach has major shortcomings and there are serious questions against this approach.

2. Abnormality in terms of Maladaptive Behaviour:
- Recent approach views abnormal behaviour as **maladaptive**. Many psychologists believe that the best criterion for determining the normality of behaviour is not

whether society accepts it but whether it **facilitates the well-being of the individual** and eventually of the group to which he/she belongs.

- Well-being is not simply maintenance and survival but also includes **growth** and **fulfilment**. Maladaptive behaviour refers to—Behaviour that causes problems in life.
  - — It is inadequate reaction to the stressful situation.
  - — It ranges from relatively minor but troubling fears to severe distortions of reality.

3. **Concept of four D's:** Now-a-days many psychologists believe that if an individual's behaviour manifests significant deviance, distress, danger and dysfunction in his/her behavioural pattern, then it should be treated as abnormal.

Q8. While speaking in public, the patient changes topics frequently. Is this a positive or a negative symptom of schizophrenia? Describe the other symptoms and sub-types of schizophrenia.

Ans. While speaking in public, the patient changes topics frequently. This is a symptom of derailment. This is one of the positive symptoms of schizophrenia; is the descriptive term to a **group of psychotic disorders** in which personal, social and occupational functioning deteriorate as a result of disturbed thought processes, strong perceptions, unusual emotional states, and motor abnormalities.

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

Symptoms of schizophrenia:

- **Positive Symptoms—**comprise excesses and provide reduction of distress in the patient. It comprises excesses of thought, emotion, and behaviour.
- **Negative Symptoms—**deficits of thought, emotion and behaviour.
- **Psychomotor Symptoms.**

Positive Symptoms of Pathological Excesses :

1. **Disorganized Thinking and Speech:**

- People with schizophrenia may not be able to think logically, and may speak in peculiar ways.
- **Formal thought disorders** can make communication extremely difficult.
- It refers to problems in the organization of ideas and in speaking so that a listener can understand.
- These include derailment, *i.e.*, rapidly shifting from one topic to another so that the normal structure of thinking becomes illogical (loosening of association, derailed).
- Inventing new words, phrases, *i.e.*, neologism and persistent and inappropriate repetition of the same thoughts.

2. **Delusion**: It is a false belief that is firmly held on inadequate grounds. It is not affected by emotional argument, and has no basis in reality.

- **Delusion of Persecution:** belief that they are being plotted against, spied on, slandered, threatened, attacked or deliberately victimized.
- **Delusions of Reference:** in which they attach special and personal meaning to the actions of others or to objects and event. They believe that they can read others mind.
- **Delusions of Grandeur:** people believe themselves to be specially empowered with supernatural powers.

- **Delusions of Control:** they believe that their feelings, thoughts and actions are controlled by others.

3. **Hallucinations:** 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 patients (second person hallucination) or talk to one another referring to the patient as he/she (third person hallucination).
- **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).
- **Olfactory hallucinations** (*i.e.*, smell of smoke).

4. **Inappropriate Effect,** *i.e.*, emotions that are unsuited to the situation.

Negative symptoms are 'pathological deficits'

- Alogia—poverty of speech, *i.e.*, a reduction in speech and speech content.
- Blunted effect—reduced expression of emotions.
- Flat effect—no expression of emotions.
- Avolition—social withdrawal.

Psychomotor Symptoms:

- Schizophrenics move less spontaneously or make odd gestures. These symptoms may take extreme forms known as **catatonia.**
- Catatonic stupor: motionless and silent for long stretches of time.
- Catatonic rigidity: maintaining a rigid, upright posture for hours.
- Catatonic posturing: assuming awkward, bizarre positions for long periods.

Q9. What do you understand by the term 'dissociation'? Discuss its various forms.

(Delhi Board 2008, 2010)

Ans.

- According to **Freud**, the anxiety and conflicts were believed to be converted into physical symptoms.
- Dissociation can be viewed as **severance of the connections between ideas and emotions.**
- Dissociation involves amnesia, feelings of unreality, estrangement, depersonalization and sometimes a loss or shift of identity.
- Sudden temporary alterations of consciousness that blot out painful experiences are a defining characteristic of dissociative disorders.

Four conditions are included in this group—Dissociative amnesia, Dissociative fugue, disseminative identity disorder and depersonalization.

1. **Dissociative Amnesia:** is characterized by **extensive but selective memory loss** that has no 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.

- This disorder is often associated with an over-whelming stress.

2. **Dissociative Fugue:**

Symptoms:

- Unexpected **travel away from home or workplace**.
- The **assumption of a new identity**.
- 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.

3. **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.
- The person assumes **alternate personalities** that may or may not be aware of each other.

4. **Depersonalization** involves a dreamlike state in which the person has a sense of being separated both from self and from reality.

- In depersonalization, there is a change of self-perception.
- The person's sense of reality is temporarily lost or changed.
- The patient experiences change in his body parts.

Q10. What are phobias? If someone had an intense fear of snakes, could this simple phobia be a result of faulty learning? Analyse how this phobia could have developed.

Ans. An intense, persistent irrational fear of something that produces conscious avoidance of the feared subject, activity or situation is called a **phobia**.

- Phobias can vary in degree and how much they interfere with healthy adaptation to the environment. Some otherwise normal and well-adjusted persons also have phobias.

Phobias are mainly of three types :

1. **Specific phobias** are those directed towards specific objects and situations and can be varied. *e.g.*, acrophobia (fear of heights), pyrophobia (fear of fire), and hydrophobia (fear of water).
2. **Social phobia** is a fear of social situations, and people with this phobia may avoid a wide range of situations in which they fear they will be exposed to, scrutinized and possibly humiliated by other people.
3. **Agoraphobia:** is the term used when people developed a fear of entering unfamiliar situations.

Social learning theories work on the principle that our experience be it positive or negative such as phobia of lizards/cockroaches are the result of learning process which start early in life. Small children can play with snakes; they are not aware of the danger involved. For them it is just another play object, as they grow up the fear of these things are instilled by their parents and society which is reinforced and accounts for reactions like phobia.

A psychoanalytical account for the same could involve attribution to some unconscious or/and repressed experiences. For example, suppose in your childhood you watched a group of roudy boys brutally torturing a cockroach/snake, which eventually died, although you going about the incidence after some days, but it might remain in back of your mind forever, which might explain your phobia to cockroaches which might remind you of the incidence and disturbs you emotionally.

Q11. Anxiety has been called the "butterflies in the stomach feeling". At what stage does anxiety become a disorder? Discuss its types. [Delhi Board 2014 OCD]

Ans. Anxiety is usually defined as a diffused, vague, very unpleasant feeling of fear and apprehension without any apparent reason, therefore it has been called 'butterflies in the stomach'

Anxious individual shows combinations of the following symptoms:

Rapid heart-rate, Shortness of breath, Diarrhoea, Loss of appetite, Fainting, Dizziness, Sweating, Sleeplessness, Frequent urination, Tremors.

Types of Anxiety Disorder:

There are many types of anxiety disorders:

(*a*) Generalized anxiety disorder which 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.
- Restlessness.
- Shaky and tense.

Other symptoms of anxiety

(*b*) Panic disorder—consists of recurrent anxiety attacks in which the person experiences intense terror.

- A panic attack denotes an abrupt attack of intense anxiety, rising to a peak when thoughts of a particular stimuli are present.
- Such thoughts occur in an unpredictable manner.
- It continues for six and seven minutes and then patients becomes normal.

Clinical Features:

- Shortness of breath
- Trembling
- Choking
- Chest pain or discomfort
- Losing control or feeling of dying
- Dizziness
- Palpitations
- Nausea
- Fear of going crazy

(*c*) Phobic Disorders:

- People who have phobias have irrational fears related to specific objects, people, or situations.
- 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. Specific phobias are unwarranted fears caused by the presence or anticipation of a specific object or situation. This group includes irrational fears such as intense fear of a certain type of animal, or insects.
- **Social phobias** intense and incapacitating fear and embarrassment when dealing with others, *e.g.*, crowded market, fear of closed space and stage fear.
- **Agoraphobia:** people develop a fear of entering in an unfamiliar situations. Many agoraphobics are afraid of leaving their home. So their ability to carry out normal life activities is severely limited.

(*d*) Obsessive Compulsive Disorders:

- **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 but can not control them.
- **Compulsive Behaviour:** Thus is the need to perform certain behaviours over and over again. Many compulsions deal with counting, ordering, checking, touching and washing.
- **Obsessive Compulsive Disorder**: People affected by this disorder are unable to control their preoccupation with specific ideas and are unable to prevent themselves from repeatedly caring out a particular act or series of acts that affect their ability to carry out normal activities.

  In OCD unwanted thoughts combine with compulsive acts.

(*e*) Post-traumatic Stress Disorders:

- People who have been caught in a natural disaster (such as tsunami).
- Victims of bomb blasts by terrorists.
- Serious accident.
- In a war-related situation.

Symptoms:

- Immediate reactions, *i.e.*, denial and disorientation.
- Physiological reactions. *e.g.*, recurrent dreams, nightmares and flashbacks.
- Cognitive reactions. *e.g.*, impaired concentration, memory loss.
- Emotional numbing. *e.g.*, emotional numbness and suicidal tendencies.
- Social reaction. *e.g.*, apathy and withdrawal.

MORE QUESTIONS SOLVED

I. Learning Checks (LC : 1 Mark)

Q1. Behaviour interfering with the person's ability to carry out daily activities in a constructive way is dysfunctional .

Q2. Different, extreme, unusual, even bizarre behaviour is called Abnormal .

Q3. Method used to remove spirits/evil through counter magic and prayer is Exoreism.

Q4. Organic approach believes—

(*i*) Disturbed behaviour as arising out of conflict between body and brain.

(*ii*) Disturbed behaviour result of conflict between emotion and reason.

(*iii*) Conflict between the way an individual fear and the demands of the society.

(*iv*) Give importance to scientific method to study abnormal behaviour.

Q5. The concept of four humours is given by Galen .

Q6. Renaissance period gives importance to supernatural powers in determining abnormal determining. (True/False).

Q7. 1 CD–10 gave description of clinical symptoms and their associated features including diagnostic guidelines.

Q8. Anxiety disorders may be caused due to which neurotransmitter GABA .

Q9. Schizophrenia may be due to excess activity of Dopamine .

Q10. Depression may be due to low activity of Serotonin .

Q11. Biological pre-disposition to the disorder is called Diathesis stress model .

Q12. Humanistic believe shrinking from one's responsibility lead to abnormal behaviour. (True/False).

Q13. When a patient feels extreme and incapacitating pain either with biological symptoms or without biological symptoms is called pain disorder .

Q14. Disorder associated with euphoric extreme activities like talking is called Mania .

Q15. Bipolar disorder is accompanied mania and depression sometimes interrupted by periods of normal mood. (True/False)

Q16. Muddled, illogical thinking due to shifting from one topic to another is Derailment .

Q17. Positive symptoms associated with inventing new words and phrases is called Neologism.

Q18. Persistent and inappropriate repetition of the same thoughts is Perseveration .

Q19. Identify which kind of delusion each of these is?

(*a*) A person believes he/she is going to be the next president. (epandure)

(*b*) One who believes his wife is trying to kill him. (Persecution)

(*c*) One who believes he/she is reincarnation of god and make things happen. (grandure)

(*d*) One who believes that the tsunami occurred to prevent him/her from enjoying him/her holidays. (Persecution)

Q20. Child showing stubbornness extreme disobedient and hostile behaviour suffer from ODD .

Q21. Age inappropriate actions violating family expectations, societal norms is conduct disorder .

Q22. Frequent episode of out of control eating is called Binge eating .

Q23. An individual consuming excesses amounts of food and then taking it out through laxatives or by vomiting is suffering from Bulimia Nervosa .

II. Very Short Answer Type Questions (VSA: 2 Marks)

Q1. What is abnormality?

Ans.
- 'Abnormal' literally means away from the normal.
- Abnormality refers to that maladjustment oriented, socially unacceptable human behaviour which proves dysfunctional, distressing, dangerous and significantly deviant to the individual and to the society.

Q2. What are neurotransmitters?

Ans. Neurotransmitters are chemical substances released into synapse by the pre-synaptic neuron that transmit nerve impulses from one neuron to another.

Q3. What is GABA?

Ans. GABA stands for 'gamma aminobutyric acid'. It is an inhibitory neurotransmitter.

Q4. Name the disorders which are related to genetic factors.

Ans. Genetic factors have been linked to mood disorders, schizophrenia, mental retardation and other psychological disorders.

Q5. What is interactional approach to explain psychological disorders?

Ans. According to interactional or bio-psycho-social approach, all three factors, *i.e.*, biological, psychological and social, play important roles in influencing the expression and outcome of psychological disorders.

Q6. What are 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.

Q7. What is alogia?

Ans. Alogia means **poverty of speech,** *i.e.*, a reduction in speech and speech content. This may be a symptom of schizophrenia.

Q8. What is avolition?

Ans. Avolition means **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. This may be a symptom of schizophrenia.

Q9. Why it is believed that psychological disorder is something to be ashamed of stigma?

Ans. It is commonly believed that psychological disorder is something to be ashamed of because of the stigma attached to mental illness. It means that people are hesitant to consult a psychiatrist or psychologist because they are ashamed of their problems.

Q10. What is the meaning of 'well-being'?

Ans. Well-being refers to the maintenance and survival of the individual including growth and feeling of fulfilment.

III. Short Answer Type Questions (SA-I: 3 Marks)

Q1. Write the main features of abnormal behaviour.

Ans. Most of the definitions of abnormal behaviour have certain common features often called the 'four Ds'. They are following:

(*i*) **Deviance:** Psychological disorders are deviant (different, extreme, unusual, even bizarre).

(*ii*) **Distress:** It means unpleasant and upsetting to the person and to others.

(*iii*) **Dysfunctional:** It means interference with the person's ability to carry out daily activities in a constructive way.

(*iv*) **Dangerous:** It means the behaviour is dangerous to the person or to others.

Q2. What is diathesis-stress model?

Ans. **Diathesis-stress model** views abnormal behaviour as the result of stress operating on an individual with a biological, psycho-social or socio-cultural predisposition toward developing a specific disorder. Diathesis refers to biological predisposition. This model has three components

1. Diathesis or presence of some biological aberrations which may be inherited.
2. May carry a vulnerability to develop psychological disorder.
3. Presence of pathological stressor may lead to psychopathology.

Q3. What are the ways of preventing suicide?

Ans. Suicide can be prevented by being alert to some of the symptoms which include:

(*i*) changes in eating and sleeping habits.

(*ii*) withdrawal from friends, family and regular activities.

(*iii*) violent actions, rebellious behaviour, running away.

(*iv*) drug and alcohol abuse.

(*v*) marked personality change.

(*vi*) persistent boredom.

(*vii*) difficulty in concentration.

(*viii*) complaints about physical symptoms.

(*ix*) loss of interest in pleasurable activities.

However, seeking timely help from a professional counsellor/psychologist can help to prevent the likelihood of suicide.

Q4. Name the commonly abused substances?

Ans. Commonly abused substances (following the DSM-IV-TR classification):

(*i*) Alcohol.

(*ii*) Amphetamines—dextroamphetamines, meta-amphetamines, diet pills.

(*iii*) Caffeine—coffee, tea, caffeinated soda, chocolate, cocoa.

(*iv*) Cannabis—marijuana or 'bhang', hashish, sensimilla.

(*v*) Cocaine.

(*vi*) Hallucinogens—LSD, mescaline.

(*vii*) Inhalants—gasoline, glue, paint, thinners, spray paints, typewriter correction fluids, sprays.

(*viii*) Nicotine—tobacco, cigarettes.

(*ix*) Opioid—morphine, heroin, cough syrup, painkillers (analgesics, anaesthetics).

(*x*) Phencyclidine.

(*xi*) Sedatives.

Q5. Differentiate between substance abuse and substance dependence disorder.

Ans. **Substance abuse disorder:** There are recurrent and significant adverse consequences related to the use of substances.

Substance dependence disorder: there is intense craving for the substance to which the person is addicted, and the person shows tolerance, withdrawal symptoms and compulsive drug taking.

IV. Short Answer Type Questions (SA-II : 4 Marks)

Q1. Discuss Historical background to explain mental disorders.

Ans. 1. **Supernatural Approach—**refers to removing the evil from the individual through counter magic and prayer known as *Exorcism*. It is based on a belief that supernatural and magical forces such as evil spirits cause mental disorders.

2. **Biological or Organic Approach—**According to this approach, body and brain processes are related and cause many types of maladaptive behaviour.

3. **Psychological Approach—**According to this approach, psychological problems are caused by inadequacies related to thinking, feeling or perceiving the world.

4. **Organismic Approach—**This approach was developed in ancient Greece by Hippocrates, Socrates and in particular Plato. They believed that disorders arise due to conflicts between emotion and reason.

5. **Galen** emphasized on the role of the four humours in personal character in temperament. According to him problem in body fluids such as blood, black by, yellow by, cause disorders. This approach is very similar to Indian theory of *Tri-doshas* of *vata*, *pitta* and *kapha*.

6. **Interactional or Bio-psycho-social Approach—**According to this perspective on three factors *i.e.*, biological, psychological and social, in combination play important role in development of mental disorders.

Q2. How biological factors cause abnormal behaviour.

Ans. Psychologists have used various determinant and perspectives to explain abnormal behaviour. Some of the major factor to explain cause of abnormality are as following:

A. 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.

According to this biological model, abnormal behaviour has a biochemical or physiological basis.

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

(A tiny space called *synapse* separates one neuron from the next, and the message must move across that space. 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 whereas depression is caused due to low rate of serotonin**.**

Genetic Factors:

Genetic factors have been linked to mood disorders, schizophrenia, mental retardation and other psychological disorders.

- Researches indicate that no single gene is responsible for a particular behaviour or a psychological disorder.
- In fact, many genes combine to bring about various behaviours and emotional reactions, both functional and dysfunctional.
- There is evidence to believe that genetic and biochemical factors are involved in mental disorders such as schizophrenia, depression, anxiety, etc. but biology alone cannot account for most mental disorders.

Q3. Describe psychological models explaining abnormal behaviour. (CBSE 2014)

Ans. **Psychological 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 year of life).
- **Faulty parent-child relationships** (rejection, overprotection, over-permissiveness, faulty discipline, etc.
- **Maladaptive family structures** (inadequate or disturbed family) arid severe stress.

The psychological models include the psychodynamic, behavioural, cognitive, and humanistic-existential models.

(*a*) **The Psychodynamic Model:** This model is the oldest and most famous of the modern psychological-models.

Abnormal behaviour is viewed as the result of intrapsychic conflicts.

- This model was first formulated by **Freud**.
- Abnormal behaviour is a symbolic expression of unconscious mental conflicts that can be generally traced to early childhood or infancy.

(*b*) **The Behavioural Model:** This 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 propose that what has been learned can be unlearned. Learning can take place by classical conditioning (temporal association in which two events repeatedly occur close together in time), operant conditioning (behaviour is followed by a reward), and social learning (learning by imitating others' behaviour).

These three types of conditioning account for behaviour, whether adaptive or maladaptive.

(*c*) **The Cognitive Model:**

- This model states that abnormal functioning can result from cognitive problems like negative thinking and irrational believes.
- People may hold assumptions and attitudes about themselves that are irrational and inaccurate.
- People may also repeatedly think illogical ways and make overgeneralizations. They may draw broad, negative conclusions on the basis of a single insignificant event.

(*d*) **The Humanistic-Existential Model:**

- **Humanists** believe that human being born with a natural tendency to be friendly, co-operative and constructive, and are driven to self-actualize, *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.
- According to humanists, obstacles in self-actualization cause mental disorder.

Q4. Discuss socio cultural model of abnormal behaviour.

Or

Explain mental disorders from Socio-cultural perspective. (CBSE 2013)

Ans. According to socio-cultural model:

- Behaviour is shaped by societal forces, factors such as family structure and communication, social networks, societal conditions, and societal labels.
- Poor schooling, crime, inadequate housing, prejudices, deprivation, discrimination and by and large poverty causes mental disorders.
- It has been found that **certain faulty family systems** are likely to produce abnormal functioning in individual members due to over-protection and over-indulgence. In some families the members are too interfering in each other's activities, thoughts, and feelings which cause problems.

  Studies have shown that people who are isolated and **lack social support**, *i.e.*, strong and fulfilling interpersonal relationships in their lives are likely to become more depressed and remain depressed longer than those who have good friendships.

  Socio-cultural theorists also believe that abnormal functioning is influenced by the societal labels and roles assigned to troubled people.
- When people break the norms of their society they are called '*deviant*' and '*mentally ill*'. Such **labels** tend to stick so that the person may be viewed as 'crazy' and encouraged to act sick. The person gradually learns to accept and play the sick role, and functions in a disturbed manner.

Q5. Discuss somatoform disorders. (CBSE 2014, CBSE 2011 Outside Delhi)

Ans. In somatoform disorders, the patient suffers from psychological difficulties and complaints of physical symptoms for which there is no biological cause.

These disorders include pain disorders, somatization disorders, hypochondriasis and conversion disorders.

(*a*) **Pain Disorders**: Main symptoms of pain disorders are:

- Extreme and incapacitating pain greatly in excess of what might be expected.
- No identifiable biological symptoms.
- Habit of consuming pain killers.
- Difficult to diagnose because how people interpret pain influences their overall adjustment. Some pain sufferers can learn to use active coping, *i.e.*, remain active and ignore the pain. Others engage in passive coping, which leads to reduce the activity and social withdrawal. Therefore diagnosis of pain disorder is difficult.
- Mostly manifested to avoid distress or used as attention seeking device.

(*b*) **Somatization Disorders:**

- **Monitors insignificant symptoms** and visits frequently to physician.
- Multiple and recurrent or chronic **bodily complaints**.
- Complaints presented in a dramatic and exaggerated way.
- Common complaints—headaches, fatigue, heart palpitations, fainting spells, vomiting and allergies.
- Patients believe that they are sick, provide long and detailed histories of their illness, and take large quantities of medicine.

(*c*) **Hypochondriasis:**

- It is diagnosed if a person has a **persistent belief that he/she has a serious illness, despite medical reassurance**, lack of physical findings and failure to develop the disease.
- Interprets insignificant symptoms as signs of a **serious illness** despite repeated medical evaluation that points to no pathology/disease.
- Hypochondriacs have an obsessive preoccupation and concern with the condition of their bodily organs, and they—continually worried about their health.

(*d*) **The Conversion Disorders:**

- There is 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.

Q6. Briefly describe various forms of delusions. (CBSE 2011 outside Delhi) (CBSE 2014)

Ans. Many people with schizophrenia develop delusions. A 'delusion' is false belief that is firmly held on inadequate grounds. The types of delusions are following:

(*i*) **Delusions of Persecution:** These are false belief that one is being mistreated. or belief that everyone is conspiring against him.

(*ii*) **Delusions of Grandeur:** False belief that one is a noted or famous person such as Prime Minister or a film star or God like Lord Ganesha.

(*iii*) **Delusion of Reference:** In this people attach special and personal meaning to the actions of other or to objects and events.

(*iv*) Delusions of Control: They believe that their feeling, thoughts and actions are controlled by others or some supernatural power or machine.

Q7. Discuss the hallucinations as a symptom of schizophrenia.

Ans. Schizophrenics may have hallucinations, *i.e.*, perceptions that occur in the absence of external stimuli.

(*a*) **Auditory Hallucination:** is most common in schizophrenia. Patients hear sounds or voices that speak words, phrases and sentences directly to the patient.

(*b*) **Tactile Hallucinations:** That is form of tingling, burning sensation.

(*c*) **Visual Hallucinations:** That is form of vague perception of colour or disturbed vision of people or objects).

(*d*) **Gustatory Hallucination:** That is form of taste sensation.

(*e*) **Olfactory Hallucination:** That is form of smell of poison or smoke.

(*f*) **Somatic Hallucination:** That is something happening inside the body, *e.g.*, snake crawling inside ones stomach.

Q8. Describe the various effects of alcohol.

Ans. Effects of alcohol are following:

- All alcohol beverages contain ethyl alcohol.
- This chemical is absorbed into the blood and carried into the central nervous system (brain and spinal cord) where it depresses or slows down functioning.
- Ethyl alcohol depresses those areas in the brain that control judgment and inhibition—people become more talkative and friendly, and they feel more confident and happy.
- As alcohol is absorbed, it affects other areas of the brain. *e.g.*, drinkers are unable to make sound judgement, speech becomes less careful and less clear and memory falters—many people become emotional, loud and aggressive.
- Motor difficulties increase. *e.g.*, people become unsteady when they walk and clumsy in performing simple activities; vision becomes blurred and they have trouble in hearing; they have difficulty in driving or in solving simple problems.

V. Long Answer Type Questions (LA : 6 Marks)

Q1. Mention **risk factors** which may predict the likelihood of suicide. How it can be prevented?

Ans.

- **Age**: Teenagers and young adults are as much at high risk for suicide, as those who are over 70 years.
- **Gender** is also an influencing factor, *i.e.*, men have a higher rate of contemplated suicide than women.
- Occurrence of serious life events.
- Cultural attitudes toward suicide.

  (In Japan, for instance, suicide is the culturally appropriate way to deal with feeling of shame and disgrace.)
- Negative expectations.
- Hopelessness.
- Setting unrealistically high standards.
- Being over-critical in self-evaluation are important themes for those who have suicidal preoccupations.

Suicide can be prevented by being alert to some of the symptoms which include:

- Changes in eating and sleeping habits.
- Withdrawal from friends, family and regular activities.
- Violent actions, rebellious behaviour running away

- Drug and alcohol abuse
- Marked personality change
- Persistent boredom
- Complaints about physical symptoms, and
- Loss of interest in pleasurable activities.

However, seeking timely help from a professional counsellor/psychologist can help to prevent the likelihood of suicide.

Q2. Discuss Sub-types of Schizophrenia?

Ans. According to DSM-IV the sub-types of schizophrenia and their characteristics are:

Paranoid type: Preoccupation with delusions or auditory hallucinations; no disorganized speech or behaviour or inappropriate affect.

Disorganized type: Disorganized speech and behaviour; inappropriate or flat affect; no catatonic symptoms.

Catatonic type: Extreme motor immobility; excessive motor inactivity; extreme negativism i.e. resistance to instructions) or mutism (i.e. refusing to speak).

Undifferentiated type: Does not fit any of the sub-types but meets symptom criteria.

Residual type: Has experienced at least one episode of schizophrenia; no positive symptoms but shows negative symptoms.

Q3. Why children are predisposed to developed behavioural disorders?

Ans. There are certain disorders that are specific to children and if neglected can lead to serious consequences later in life.

Among Children these disorders are prevalent because :

- Children have less self-understanding.
- They have not yet developed a stable sense of identity.
- Do not have an adequate frame of reference regarding reality, possibility, and value.
- They are unable to cope with stressful events, which might be reflected in behavioural and emotional problems.

Q4. Discuss Pervasive Developmental Disorders among children.

Ans. These disorders are characterized by Severe and widespread impairments in

- Social interaction
- Communication skills
- Stereotyped patterns of behaviours
- Interests and activities.

(a) **Autistic disorder** or autism is one of the most common of these disorder. Children with autistic disorder have **marked difficulties in**:

- Social interaction
- Communication
- Restricted range of interests
- Strong desire for routine eg. using same Mug for taking milk or tea.
- About 70 percent of children with autism are also mentally retarded.
- Children with autism experience profound difficulties in relating to other people.
- They are unable to initiate social behaviour and seem unresponsive to other people's feelings.
- They are unable to share experiences or emotions with other.
- They also show serious abnormalities in communication and language that persist over time.
- Many autistic children never develop speech and those, who do, have repetitive and deviant speech pattern.

- Children with autism often show narrow patterns of interests and repetitive behaviours such as lining up objects or stereotyped body movements such as rocking.
- These motor movements may be self-stimulatory such as hand flapping or self-injurious such as banging their head against the wall.

(*b*) Mental Retardation: Mental retardation refers to below average intellectual functioning (with an IQ of approximately 70 or below), and deficits or impairments in adaptive behaviour particularly in the areas of:

- Communication,
- Home living,
- Functional academic skills,
- Self-care,
- Social/interpersonal skills,
- Work, etc.

These are manifested before the age of 18 years.

TEST ASSIGNMENT

PART-A

1. Children who have marked difficulties in social interaction and communication, desire for routine and restricted interests are suffering from: (Delhi Board 2014)

(*a*) Alogia (*b*) Impulsively
(*c*) Hyperactivity (*d*) Autism

2. Extreme pain without any identifiable biological symptom is an example of _____. (Delhi Board 2013 Outside Delhi)

3. Fear of unfamiliar situation is known as _____ . (Delhi Board 2013, Outside Delhi)

4. An individual reporting loss of part or some bodily functions is showing signs of

(*a*) Dissociative disorders (*b*) Panic disorder
(*c*) Mood disorder (*d*) Conversion disorder.

(CBSE Outside Delhi 2011)

5. An individual having sudden and temporary fluctuation of consciousness that blots out painful experiences is showing signs of: (Delhi Board 2010)

(*a*) Panic disorder (*b*) Mood disorder
(*c*) Conversion disorder (*d*) Delusion of Grandure

(Delhi Board 2010)

6. People who believe themselves to be specially empowered persons suffer from:

(*a*) Delusion of reference (*b*) Delusion of control
(*c*) Delusion of Persecution (*d*) Delusion of Grandure

(Delhi Board 2009)

7. Developing a fear of entering unfamiliar situations is known as:

(*a*) Panic disorder (*b*) Compulsive disorder
(*c*) Agoraphobia (*d*) Conversion disorder

(Delhi Board 2010)

8. Extreme pain without identifiable biological symptom is an example of _____ disorder.

9. Psychologists consider hallucinations, disorganized behaviour and inappropriate effect as some of the negative symptoms of schizophrenia. (True/ False)

12. What is 'anorexia nervosa'?

11. An individual reporting loss of part or some bodily functions is showing signs of

(*a*) Dissociative disorder (*b*) Panic disorder
(*c*) Mood disorder (*d*) Conversion disorder

PART-B

12. Explain Separation Anxiety Disorder (SAD). (CBSE 2013)
13. Explain the term phobias. (CBSE 2012)
14. What is substance dependence?
15. Define abnormal behaviour.

PART-C

16. Explain post traumatic stress disorder giving examples. (CBSE 2012)
17. Explain dissociative amnesia. (CBSE 2012)
18. What is bipolar mood disorder? (CBSE 2011)
19. What is obsessive compulsive disorder? Explain (CBSE 2011)
20. What do you understand by the term 'dissociation'? Explain any two types of dissociative disorders. (CBSE 2008)
21. Distinguish between obsessions and compulsions. (CBSE 2010)

PART-D

22. Describe substance use disorders. (CBSE 2009, 2014)
23. Describe obsessive compulsive disorder. (CBSE 2014)
24. Explain the concept of abnormality giving examples from daily life.
25. Explain mental disorder from a socio-cultural perspective. (CBSE 2013)
26. Explain any two types of hallucinations. (CBSE 2012)
27. What do you mean by Dissociation? Explain any two Dissociative disorders. (CBSE 2010)
28. What are mood disorders? Discuss the main types of mood disorders.
29. State the three components of diathesis stress model of abnormal behaviour. (CBSE 2009, 2011)
30. Explain the forms of Eating disorders Associated with distorted body image.] (CBSE 2013)

PART-E

31. While speaking in public a patient changes topics frequently. Is this a positive or a negative symptom of schizophrenia? Describe its other symptoms and sub-types.
32. Discuss behavioural and developmental disorders among children.
33. Discuss the different approaches used by psychologists to understand psychological disorders.
34. Explain Mental disorders from the perspective of any two Psychological models. (CBSE 2014)
35. Explain somatoform disorders. Describe any two somatoform disorders with examples. (CBSE 2014, 2011)
36. What are mood disorders? Discuss the main types of mood disorders. (Delhi Board 2010)