# Psychological Disorders

## NCERT TEXTBOOK QUESTIONS SOLVED

**1. 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.
•Change in body weight,
•Constant sleep problems.
•Tiredness.
•Inability to think clearly.
•Agitation
•Greatly slowed behaviour.
•Thoughts of death and suicide.
•Breakup in relationship.
•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.

•Euphoric.

•Excessively talkative

•Easily distracted.

•Impulsive.

•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 ease of bipolar mood disorders.

**2. 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.

**3. 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 • Heroin abuse and dependence

•Cocaine 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 afid 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.

**4. 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.

**5. "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.

**6. 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.

**7. 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.

**8. 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.

**9. 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.

**10. 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.

**11.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 •Dizziness

•Trembling •Palpitations

•Choking •Nausea

•Chest pain or discomfort •Fear of going crazy

•Losing control or feeling of dying

**(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.