

Short Answer Questions – I

Q. 1. Distinguish between normal and abnormal behaviour.

Ans. There are various views to distinguish abnormal and normal behaviour. Behaviour is considered as abnormal if is

- i. **Deviated from social norms:** Behaviour that is deviant from social expectations or norms (the stated or unstated rules for proper conduct) are classified as abnormal.
- ii. **Deviant from culture expectations:** A society whose culture values competition and assertiveness may accept aggressive behaviour, whereas one that emphasizes cooperation and family values may consider aggressive behaviour as unacceptable or even abnormal.
- iii. **Maladaptive:** Behaviour is seen as abnormal if it is maladaptive, i.e., if it interferes with optimal functioning and growth.

Q. 2. How does diathesis stress model explain abnormal behaviour?

[CBSE (AI) 2011]

Ans. The 3 components of diathesis stress model are:

- i. Diathesis or the presence of some biological aberration which may be inherited.
- ii. The person may carry a vulnerability to develop a disorder. The person is 'at risk' or 'predisposed' to develop the disorder.
- iii. There is a presence of pathogenic stressors that may lead to psychopathology.

Q. 3. State the salient features of dissociative amnesia.

[CBSE Delhi 2016]

Ans. Dissociative Amnesia involves memory loss that has no organic cause (e.g. head injury). Some people cannot remember anything about their past while others cannot recall specific events, people, places or objects while their memory for other events remains intact.

Q. 4. What are Depressive Disorders? What are the factors predisposing towards depression?

Ans. Depression covers a variety of negative moods and behavioural changes. Major Depressive Disorder involves a depressed mood and a loss of interest or pleasure in most activities. Symptoms include change in body weight, constant sleep problems, tiredness, inability to think clearly, agitation, greatly slowed behaviour and thoughts of death and suicide. The factors predisposing towards Depression are heredity, age, gender, negative life events and lack of social support. Women are at risk during young adulthood while men are at risk in middle age. Also, women in comparison to men are more likely to report a depressive disorder.

Q. 5. What are Mood Disorders? Discuss in brief the types of mood disorders.

OR

What is bipolar mood disorder?

[CBSE Delhi 2011; (AI) 2011, 2016]

Ans. This disorder includes the following three types:

- i. **Major Depressive Disorder:** This involves a depressed mood and a loss of interest or pleasure in most activities. Symptoms include change in body weight, constant sleep problems, tiredness, inability to think clearly, agitation, greatly slowed behaviour and thoughts of death and suicide. Women are at risk during young adulthood while men are at risk in middle age. Also, women in comparison to men are more likely to report a depressive disorder.
- ii. **Mania:** People suffering from mania become euphoric, extremely active, excessively talkative and easily distractible.
- iii. **Bipolar Mood Disorder:** In this, both mania and depression are alternatively present and are interrupted by periods of normal mood.

This disorder includes the following 2 types:

- i. **Bipolar I Disorder** – Also known as manic-depressive disorder, both mania and depression are alternatively present and are interrupted by periods of normal mood.
- ii. **Bipolar II Disorder** – This is also known as Cyclothymic Disorder.

Q. 6. Differentiate between delusions and hallucinations.

[CBSE Delhi 2016]

Ans. Delusions are false beliefs held on inadequate grounds. For example, delusions of grandeur in this people believe themselves to be specially empowered persons. **Hallucinations** are perceptions that occur in the absence of external stimuli. For example, in auditory hallucinations patients 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 (third-person hallucination).

Q. 7. What are the characteristics of the children suffering from ADHD?

Ans. The main features of ADHD include inattention, hyperactivity and impulsivity. Common complaints of children who are **inattentive** 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** find it difficult to wait or take turns, have difficulty resisting immediate temptations or delaying gratifications. They may knock things over and sometimes more serious accidents and injuries occur. **Hyperactive** children fidget, squirm, climb and run around the room aimlessly.

Q. 8. Explain autistic disorder.

[CBSE (AI) 2012]

Ans. Autistic disorder or autism is a Pervasive Developmental Disorder characterised by severe and widespread impairments in social interaction and communication skills, and stereotyped patterns of behaviours, interests and activities and strong desire for routine. About 70% of children with autism are also mentally retarded. These children 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 others. They

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 patterns. They show narrow patterns of interests and repetitive behaviours such as lining objects or stereotyped body movements such as rocking, hand flapping or banging their head against the wall.

Q. 9. Describe Disruptive, Impulse-Control and Conduct Disorders.

Ans. The disorders under this category are:

- i. **Oppositional Defiant Disorder (ODD)**– These children display age inappropriate amounts of stubbornness, are irritable, defiant, disobedient and behave in a hostile manner.
- ii. **Conduct Disorder and Antisocial Behaviour**– These children show age inappropriate actions and attitudes that violate family expectations, societal norms and the personal and property rights of others. They may cause or threaten harm to people or animals, cause property damage, show major deceitfulness or theft or violate rules.
- iii. **Verbal Aggression**– Children show many different types of aggressive behaviour such as verbal aggression (i.e. name-calling, swearing), physical aggression (i.e. hitting, fighting), hostile aggression (i.e. directed at inflicting injury to others), and proactive aggression (i.e. dominating and bullying others without provocation).

Q. 10. Explain the forms of eating disorders associated with distorted body image.

[CBSE (AI) 2013]

OR

Which disorder is the cause of distorted body image? Explain its various forms.

[CBSE (AI) 2015]

Ans. Children show eating disorders which are of the following three types:

- i. **Anorexia Nervosa:** In this, the individuals have a distorted body image that leads to consider themselves as overweight. They refuse to eat especially, in front of others, exercise compulsively and lose large amounts of weight and even starve themselves to death.
- ii. **Bulimia Nervosa:** In this, the individual may eat excessive amounts of food, then purge his/her body of food by using medicines or by vomiting. The person feels disgusted and ashamed when he or she binges and is relieved of tension and negative emotions after purging.
- iii. **Binge Eating:** In this, there are frequent episodes of out-of-control eating. Large amount of food is eaten even when the individual is not feeling hungry.