

# Psychology

## (Psychology) (Chapter – 4) (Psychological Disorders)

(Class – XII)

### Review Questions

#### Question 1:

Identify the symptoms associated with depression and mania.

##### Answer 1:

There are several varieties of bipolar and related disorders. They'll include mania or hypomania and depression. Symptoms can cause unpredictable changes in mood and behavior, leading to significant distress and difficulty in life. Bipolar I disorder. You've had a minimum of one manic episode which will be preceded or followed by hypomanic or major depressive episodes. In some cases, mania may trigger an opportunity from reality (psychosis). Bipolar II disorder. You've had a minimum of one major depressive episode and a minimum of one hypomanic episode, but you've never had a manic episode manic depression. You've had a minimum of two years — or one year in children and teenagers — of the many periods of hypomania symptoms and periods of depressive symptoms (though less severe than major depression). Other types. These include, for instance, bipolar and related disorders induced by certain drugs or alcohol or because of a medical condition, like adenosis, sclerosis or stroke.

#### Question 2:

Describe the characteristics of children with hyperactivity.

##### Answer 2:

Hyperactive children are laid low with Attention-deficit Hyperactivity Disorder (ADHD) which might result in more serious and chronic disorders because the child moves into adulthood if not attended. Children display disruptive or externalizing behaviours. The 2 main features of ADHD are inattention and hyperactivity-impulsivity. Children who are inattentive find it difficult to sustain mental effort during work or play. They need a tough time keeping their minds on anyone thing or in following instructions. Common complaints are that the kid doesn't listen, cannot concentrate, doesn't follow instructions, is disorganised, easily distracted, and forgetful, doesn't finish assignments, and is quick to lose interest in boring activities. Children who are impulsive seem unable to manage their immediate reactions or to think before they act. They find it difficult to attend or act, have difficulty resisting immediate temptations or delaying gratification. Minor mishaps like knocking things over are common whereas more serious accidents and injuries may also occur. Hyperactivity also takes many forms. Children with ADHD are in constant motion. Sitting still through a lesson is impossible for them. The kid may fidget, squirm, climb and play the area aimlessly. Parents and teachers describe them as 'driven by a motor', always on the go, and talk incessantly. Boys are fourfold more likely to be this diagnosis than girls.

#### Question 3:

What are the consequences of alcohol substance addiction?

##### Answer 3:

Disorders referring to maladaptive behaviours resulting from regular and consistent use of the substance involved are called 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 looking for the substance to which the person is addicted. The person shows tolerance, withdrawal symptoms and compulsive drug taking. Tolerance implies that the person has got to use more and more of a substance to urge the identical effect.



Withdrawal refers to physical symptoms that occur when someone stops or cuts down on the employment of a drug, i.e., a substance that has the flexibility to alter somebody's consciousness, mood and thinking processes.

**b) Substance Abuse** refers to recurrent and significant adverse consequences associated with the employment of drugs.

People, who regularly consume drugs, damage their family and social relationships, perform poorly at work, and build 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 opposite hand, refers to the strong searching for a drug thanks to its pleasurable effects.

**The three most typical kinds of substance abuse:**

- substance abuse and dependence
- Heroin abuse and dependence

**Cocaine abuse and dependence alcoholic abuse and Dependence:**

- People, who abuse alcohol, drink large amounts regularly and depend upon it to assist them face difficult situations.
- Eventually, the drinking interferes with their social behaviour and skill to think and work.
- For several people the pattern of habit extends to dependence that's their bodies build up a tolerance for alcohol and that they must drink even greater amounts to feel its effects.
- They also experience withdrawal responses after they stop drinking. Alcoholism destroys scores of families and careers.
- Intoxicated drivers are chargeable for many road accidents.
- It also has serious effects within 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. a number of the ill effects of alcohol is 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 round the substance, increase a tolerance for it, and experiencing a withdrawal reaction after they stop taking it.
- The foremost direct danger of heroin abuse is an overdose, which slows down the respiratory centres within the brain, almost paralyzing breathing, arid in many cases causing death. Throughout the day and performance poorly in social relationships and at work.
- It should also cause problem in memory and a spotlight.
- Dependence may develop, in order that cocaine dominates the person's life, more of the drug is required to urge the specified effects and stopping it leads to feeling of depression, fatigue, sleep problems, irritability and anxiety.
- Cocaine poses serious dangerous effects on psychological functioning and physical well-being.



**Question: 4**

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

**Answer 4:**

Yes, a distorted body image can result in eating disorders. The assorted varieties of eating disorders are anorexia, bulimia nervosa, and binge eating.

- **Anorexia nervosa:** During this upset, the individual contains a distorted body image that leads her/him to determine herself/himself as overweight. Often refusing to eat, exercising compulsively and developing unusual habits like refusing to eat front of others, the anorexic may lose large amounts of weight and even starve herself/himself to death.
- **Bulimia nervosa:** During this disorder, the individual may eat excessive amounts of food, then purge her/his body of food by using medicines like laxatives or diuretics or by vomiting. The person often feels disgusted and ashamed when she binges and is relieved of tension and negative emotions after purging.
- **Binge eating:** During this disorder, there are frequent episodes of out-of-control eating.

**Question: 5**

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

**Answer 5:**

Psychological disorders are diagnosed on the premise of two classifications i.e., DSM or IV and ICD-X. Classification of psychological disorders consists of an inventory of categories of specific psychological disorders grouped into various classes on the premise of some shared characteristics. International Classification of Diseases ICD-10 is classification of behavioral and mental disorders. ICD-10 refers to international classification of diseases. It's developed by WHO under one broad heading 'Mental Disorders' which is predicated on symptoms. The classification scheme is officially employed in India. The American Psychiatric Association APA has published a politician manual of psychological disorders: The Diagnostic and Statistical Manual of Mental Disorders IV Edition DSM-IV. It evaluates the patient on five axes or dimensions instead of only one broad aspect of 'mental disorder'. These dimensions relate to biological psychological social and other aspects. Uses of Classification: Classifications are useful because they allow psychologists psychiatrists and social workers to speak with one another about the disorders. Helps in understanding the causes of psychological disorders and also the processes involved in their development. It helps in Clinical diagnosis.

**Question 6:**

Distinguish between obsessions and compulsions.

**Answer 6:**

Obsessions are intrusive thoughts that trigger intensely distressing feelings. At the identical time, Compulsions are behaviours done to induce eliminate obsessions and reduce distress. This provides short-term relief but doesn't make the obsession disappear. Sometimes anxiety and tension are related to obsessions—persistent unwanted thoughts, impulses or ideas or compulsions—seemingly irrational behaviours repeatedly meted out in a very fixed, repetitive way.

- (a) People with obsessive-compulsive disorders find their obsessions or compulsions distressing and debilitating but feel unable to prevent them,
- (b) The compulsive actions are usually carried on to alleviate the anxiety caused by obsessions. A person provoked with anxious thoughts may try and block them out by compulsively counting steps while walking. Another person obsessive about the concept that he's guilty or dirty, may wash his hands every couple of minutes, sometimes till the bleed.



(c) The symptoms of OCD include a contamination – an obsession of contamination followed by washing or compulsive avoidance of the thing. Shame and disgust and therefore 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.

- **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 test the stove.
- **Intrusive Thoughts:** Repetitive thoughts of a sexual or aggressive act that's reprehensible to the patient. This is often usually not followed by compulsions.
- **Symmetry:** the need for symmetry and precision, which may cause a compulsion of slowness. Patients can literally take an hour to shave their faces or eat a meal.

Other symptom patterns may include religious obsessions and compulsive hoardings still as trichotillomania (compulsive hair pulling) and nail-biting.

### Question 7:

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

#### Answer 7:

Yes. A long-standing pattern of deviant behavior will be considered abnormal.

#### Explanation:

- (i) There aren't any universally accepted definitions for abnormality. The foremost common in every definition are four D's. Deviance, Distress, Dysfunction and Danger.
- (ii) Group of individual's forms the society. The society is fully functional thanks to rules and protocols. These rules are different for various societies and that they are called the culture of that group.
- (iii) Any different behavior or any harm caused to those set of rules are often called abnormal.
- (iv) Deviance from the regulated rules are often called as abnormal. Distress and dysfunction which can't be consonant with the society are abnormal. Anything dangerous to the society and its members are always abnormal.
- (v) The term abnormal literally means different from normal.

### Question 8:

While speaking in public the patient changes topics frequently, is this a positive or a negative symptom of schizophrenia? Describe the other symptoms of schizophrenia.

#### Answer 8:

Changing topics while speaking publically is positive symptom of schizophrenia as organized thoughts are impossible for them to form and speak. There are both positive and negative symptoms of Schizophrenia.

#### Positive symptoms:

Delusions: they're false beliefs firmly remained inadequate grounds. There are four form of delusions like delusions of control, grandeur, reference and persecutions.

- **Disorganized thoughts and speech:** Change topics while speaking which doesn't mean anything, loosened sentences are another symptom of this disorder.
- **Hallucinations:** hallucination i.e., perceptions that occur within the absence of an external stimuli is common in such conditions. They'll hear voices chatting with them whether or not it's not real.

#### Negative symptoms:

- **Alogia:** meaning poverty of speech. They need reduced speech content.



- **Blunted effect:** Showing no anger or sadness. Always shows joy and happiness.
- **Flat effect:** Some people doesn't show happiness in the slightest degree. It's sort of a flat or no effect just calm.
- **Avolition:** Inability to start out or complete a piece. They withdraw themselves socially and have interaction in their own fantasies.

Positive symptoms of schizophrenia include delusions, hallucinations, disorganized thoughts or speech. Such individuals have fear or aggressive behavior with their own imaginations Negative symptoms of schizophrenia include Alogia, avolition, blunted and flat effects.

### **Question 9:**

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

#### **Answer 9:**

Dissociation could be a cognitive operation where someone disconnects from their thoughts, feelings, memories or sense of identity. Dissociative disorders include dissociative amnesia, dissociative fugue, depersonalization and dissociative identity disorder.

People who experience a traumatic event will often have some extent of dissociation during the event itself or within the following hours, days or weeks. For instance, the event seems 'unreal' or the person feels detached from what's occurring around them as if watching the events on television. In most cases, the dissociation resolves without the necessity for treatment.

Some people, however, develop a disturbance that needs treatment. Dissociative disorders are controversial and sophisticated problems that require specific diagnosis, treatment and support. If you're concerned that you simply or a honey may have a disassociation, it's important to hunt professional help.

Mental health professionals recognise four main varieties of disassociation, including:

- Dissociative amnesia
- Dissociative fugue
- Depersonalisation disorder
- Dissociative identity disorder.

### **Question 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.

#### **Answer 10:**

Irrational fears related to specific place, objects, people or situations are termed as Phobias. Specific Phobias are the foremost common phobias associated with a particular object or animal. Fear of snakes are called ophidiophobia may be a form of specific phobia and is that the most typically reported phobia. The fear will be triggered by the presence of the animal or anticipation of the topic which may also lead to panic attacks or nervous breakdowns.

In the adults, the person may logically know the fear is unreasonable but yet couldn't control the anxiety. In children it may be triggered thanks to its appearance and insufficient knowledge about them. They often cry or attempt to run away in these situations.

Fear of snakes may be a specific phobia which may be a form of anxiety caused because of the fear of certain objects or animals. In adults, whether or not they know that the fear is unreasonable, they cannot control the anxiety. In kids it is often because of insufficient knowledge and also the appearance of the animal. The phobia can even be developed because of any stressful or traumatic event happened within the past.



**Question 11:**

Anxiety has been called the “butterflies in the stomach feeling”. At what stage does anxiety become a disorder? Discuss its types.

**Answer 11:**

Anxiety is sometimes defined as a diffused, vague, very unpleasant feeling of fear and apprehension with none apparent reason, therefore it's been called 'butterflies within the stomach'.

**Anxious individual shows combinations of the subsequent 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 sorts of hysteria disorders:**

**(a) Generalized mental 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 longer term.
- Hyper vigilance, which involves constantly scanning the environment for dangers. It is marked by motor tension, as a results of which the person is unable to relax.
- Restlessness.
- Shaky and tense.

**Other symptoms of hysteria**

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

- A scare denotes an abrupt attack of intense anxiety, rising to a peak when thoughts of a selected stimuli are present.
- Such thoughts occur in an unplanned manner.
- It continues for 6 and 7 minutes and so patients become 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 associated with specific objects, people, or situations.

- Phobias is grouped into three main types, i.e., specific phobias, social phobias, and agoraphobia. Specific phobias are the foremost commonly occurring kind of phobia. Specific phobias are unwarranted fears caused by the presence or anticipation of a particular object or situation. This group includes irrational fears like intense fear of a specific style of animal, or insects.
- Social phobias intense and incapacitating fear and embarrassment when coping with others, e.g., crowded market, fear of closed space and stage fear.
- **Agoraphobia:** people develop a fear of entering in an unfamiliar situation. Many agoraphobics are terrified of leaving their home. So their ability to hold out normal life activities is severely limited.



**(d) Obsessive Compulsive Disorders:**

- **Obsessive Behaviour:** is that the inability to prevent pondering a selected idea or topic. The person involved often finds these thoughts to be unpleasant and shameful but can't control them.
- **Compulsive Behaviour:** Thus is that they have to perform certain behaviours over and over again. Many compulsions house counting, ordering, checking, touching and washing.
- **Obsessive Compulsive Disorder:** People laid low with this disorder are unable to regulate their preoccupation with specific ideas and are unable to stop themselves from repeatedly carrying out a selected act or series of acts that affect their ability to hold out normal activities. In OCD unwanted thoughts combine with compulsive acts.

**(e) Post-traumatic Stress Disorders:**

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

**Symptoms:**

1. Immediate reactions, i.e., denial and disorientation.
2. Physiological reactions, e.g., recurrent dreams, nightmares and flashbacks.
3. Cognitive reactions, e.g., impaired concentration, blackout.
4. Emotional numbing, e.g., emotional numbness and suicidal tendencies.
5. Social reaction, e.g., apathy and withdrawal.