Long Answer Questions

Q. 1. Describe the historical background behind abnormal behaviour.

Ans. The various approaches to the causes of abnormal behaviour are:

i. Abnormal behaviour is explained by the operation of supernatural and magical forces such as evil spirits *(bhoot-pret)* or the devil *(shaitan).*
ii. **Biological or organic approach:** Defects in various body and brain processes are linked to many types of maladaptive behaviour.
iii. **Psychological approach:** Psychological problems are caused by inadequacies in the way an individual thinks, feels or perceives the world.
iv. **Organismic approach:** Socrates viewed disturbed behaviour as arising out of conflicts between emotion and reason. Galen elaborated four humours in personal character and temperament. According to him, the material world was made up of four elements, viz. earth, air, fire and water which combined to form four essential body fluids, viz. blood, yellow bile, black bile and phlegm. Each of these fluids are responsible for a different temperament. Imbalances between these humours were believed to cause various disorders. This is similar to the notion of three doshas of vat, pitta and kapha in Aurvedic texts.
v. In the Middle ages demonology, the belief that the people with mental problems were evil and superstition gained importance.
vi. During the Renaissance period, psychological conflicts and disturbed interpersonal relationships were the causes of abnormal behaviour.
vii. The seventeenth and eighteenth centuries were known as the age of reason and enlightenment. During this period there was a reform movement during which there was a de-institutioanlisation of the mentally ill and placed emphasis on providing community care for recovered mentally ill individuals.

Q. 2. Describe the psychological models to explain abnormal behaviour/mental disorders. *[CBSE Delhi 2014; (AI) 2014]*

Ans. Psychological and interpersonal factors have a significant role to play in abnormal behaviour. These factors include maternal deprivation (separation from the mother, or lack of warmth and stimulation during early years of life, faulty parent-child relationship (rejection, over-protection, over-permissiveness, faulty discipline etc.), maladaptive family structures (inadequate family structures) and severe stress. The following are the psychological models to explain abnormal behaviour: Psychological models provide a psychological explanation of mental disorders. These models maintain that psychological and interpersonal factors have a significant role to play in abnormal behaviour. These factors include maternal deprivation (separation from the mother, or lack of warmth and stimulation during early years of life), faulty parent-child

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

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

i. **Psychodynamic model:** Psychodynamic theorists believe that behaviour is determined by psychological forces of which the individual is not consciously aware. This model was first formulated by Freud who believed that three forces shape personality – instinctual needs, drives and impulses (id), rational thinking (ego) and moral standards (superego). They believe that abnormal behaviour is due to unconscious mental conflicts that can be traced to early childhood period.
ii. **Behavioural model:** According to this model maladaptive ways of behaving is learned through classical conditioning (temporal association in which two events repeatedly occur close together in time), operant conditioning (behaviour is followed by a reward), social learning (learning by imitating others' behaviour).
iii. **Cognitive model:** People may hold assumptions and attitudes about themselves that are irrational and inaccurate. People may also repeatedly think in illogical ways and make over-generalisations and draw negative conclusions on the basis of a single insignificant event.
iv. **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-actualise, i.e., to fulfill this potential for goodness and growth. They further believe that from birth we have total freedom to give meaning to our existence or avoid that responsibility. Those who shrink from this responsibility live empty, inauthentic and dysfunctional lives.

Q. 3. Explain the diathesis-stress model of abnormal behaviour giving examples from daily life. *[CBSE Delhi 2016; (AI) 2016]*

Ans. The three 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. For example, Aggression refers to behaviour that is intended to cause harm to others. It is demonstrated through harsh words or criticism or hostile feelings against others.

The 3 components of diathesis stress model are explained in the case of aggression:

i. Diathesis or the presence of some biological aberration which may be inherited is demonstrated when aggression occurs due to an inborn tendency which may be meant for self-defense.

ii. The person may carry a vulnerability to develop a disorder. The person is 'at risk' or 'predisposed' to develop the disorder. This is observed in a general physiological state of arousal or feeling activated which might be expressed in the form of aggression. Personality factors such as people with low self-esteem and those who feel insecure are more likely to show aggression.

iii. There is a presence of pathogenic stressors that may lead to psychopathology. This is observed in people who in frustrated situations show more aggression than those who are not frustrated. In an experiment children are frustrated by preventing them from getting attractive toys that are visible through a screen. These children are found to be more destructive than those children who are allowed to access the toys.

Q. 4. What do you understand by the term 'Dissociation'? Explain the types of Dissociative Disorders. *[CBSE (AI) 2014, 2016]*

Dissociation involves feelings of unreality, estrangement, depersonalisation and a loss of shift of identity. It is of the following four types:

i. **Dissociative Amnesia:** This 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.

ii. **Dissociative Fugue:** In this the patient travels away from home and workplace assuming a new identity and inability to recall the previous identity. The fugue ends when the person suddenly 'wakes up' with no memory of the events that occurred during the fugue.

iii. **Dissociative Identity Disorder:** In this disorder, the person assumes alternate personalities that may or may not be aware of each other. It is often associated with traumatic experiences in childhood.

iv. **Depersonalisation:** This involves a dreamlike state in which the person has a sense of being separated both from self and from reality. In this there is a change of selfperception, and the person's sense of reality is temporarily lost or changed.

Q. 5. What are the causes of suicide? How can it be prevented? Describe the various ways to strengthen students' self-esteem.

Ans. Suicide is a result of complex interface of biological, genetic, psychological, sociological, cultural and environmental factors. Those having mental disorders like suffering from depression and consuming alcohol, going through natural disasters, experiencing violence, abuse or loss and isolation at any stage of life or any previous suicidal attempt are risk factors. Suicidal behaviour indicate difficulties in problem-solving, stress management and emotional expression. Suicides are preventable. Measures suggested by WHO are:

i. Limiting access to the means of suicide.

ii. Reporting of suicide by media in responsible way

iii. Bringing in alcohol-related policies
iv. Early identification, treatment and care of people at risk
v. Training health workers in assessing and managing for suicide
vi. Care for people who attempted suicide and providing community support

In order to prevent suicide we need to identify students in distress, those adolescents who show an unexpected or striking change in performance or attendance. The following behaviour should be taken seriously:

i. Lack of interest in common activities
ii. Declining grades
iii. Decreasing efforts
iv. Misbehavior in the classroom
v. Mysterious or repeated absence
vi. Smoking, drinking or drug abuse

Strengthening the self-esteem of those students who are in distress helps in coping adequately and for this the following approaches are useful:

i. Accentuating positive life experiences to develop positive identity which increases confidence in self
ii. Providing opportunities for development of physical, social and vocational skills
iii. Establishing a trustful communication
iv. Goals for the students should be specific, measurable, achievable, relevant, to be completed within a relevant time frame.

Q. 6. Describe Schizophrenic Disorders.

Ans. The symptoms of schizophrenia are grouped into three categories:

i. **Positive symptoms:** In this, there are excesses of thought, emotion and behaviour. People develop delusions which is a false belief held on inadequate grounds. These can be of the following types:
   a. *Delusions of persecution:* People with this delusion believe that they are being plotted against, spied on, slandered, threatened, attacked or deliberately victimized.
   b. *Delusions of reference:* In this, people attach special and personal meaning to the actions of others or to objects and events.
   c. *Delusions of grandeur:* In this, people believe themselves to be specially empowered persons. They may believe that they are the Prime Minister or President of India or even God and hence can control the weather.
   d. *Delusions of control:* In this, people believe that their thoughts, feelings and actions are controlled by others. People with schizophrenia may not be able to think logically and may speak in peculiar ways. These formal thought disorders make communication extremely difficult. These include rapidly shifting from one topic to another so that the normal structure of thinking is muddled and becomes

illogical (loosening of associations, derailment, inventing new words or phrases (neologisms) and persistent and inappropriate repetition of the same thoughts (perseveration). Schizophrenics have hallucinations, i.e., perceptions that occur in the absence of external stimuli this is of the following types:

a. *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).
b. *Tactile hallucinations:* These include tingling and burning sensations.
c. *Somatic hallucinations:* This creates a feeling that something is happening inside the body such as a snake crawling inside one's stomach.
d. *Visual hallucinations:* These are vague perceptions of colour or distinct visions of people or objects.
e. *Gustatory hallucinations:* In this food or a drink tastes strange.
f. *Olfactory hallucinations:* In this the person gets a smell of poison or smoke. People with schizophrenia show inappropriate affect, i.e., emotions that are unsuited to the situation.

ii. Negative symptoms: These include the three As:

a. Alogia: This includes poverty of speech, i.e. reduction in speech or speech content.
b. Blunted or Flat effect: People show less anger, sadness, i.e., blunted effect or no emotions at all, a condition called flat effect.
c. Avolition: In this the person shows apathy or an inability to start or complete a course of action.

iii. Psychomotor symptoms: In this, the person shows odd grimaces and gestures. The symptoms may take extreme forms known as catatonia. It is of the following types:

a. Catatonic stupor: The person remains motionless and silent for long stretches of time.
b. Catatonic rigidity: In this the person maintains rigid or upright posture for long hours.
c. Catatonic posturing: In this the person assumes awkward or bizarre positions for long periods of time.

Q. 7. Describe the behavioural disorders prevalent among children.

Ans. Several disorders of childhood are:

i. Attention-deficit Hyperactivity Disorder (ADHD): 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 disorganised, 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.

ii. **Oppositional Defiant Disorder (ODD):** These children display age inappropriate amounts of stubbornness, are irritable, defiant, disobedient and behave in a hostile manner.

iii. **Conduct Disorder:** 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.

iv. **Antisocial Behaviour:** 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).

v. **Separation Anxiety Disorder (SAD):** These children express excessive anxiety or even panic at being separated from their parents. These children 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. These children may fuss, scream, throw severe tantrums or make suicidal gestures.

vi. **Pervasive Developmental Disorders:** These disorders are characterised by severe impairments in social interaction and communication skills, and stereotyped patterns of behaviours, interests and activities. Autistic disorder or autism is one ofthe most common of these disorders. About 70% of children with autism are also mentally retarded.

vii. **Eating disorders:** These are of the following three types:

a. **Anorexia nervosa: In** this, the individuals have a distorted body image which 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.
b. **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.
c. **Binge eating:** In this there are frequent episodes of out-of-control eating.

Q. 8. Describe the neurodevelopmental disorders.

Ans. Neurodevelopmental disorders manifest in the early stage of development. Symptoms appear before the child enters school or during the early stage of schooling. These children show age-inappropriate behaviour in which social, academic and occupational functioning are disturbed. Several disorders of childhood are:

i. **Attention-deficit Hyperactivity Disorder (ADHD)–** 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 in 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.

ii. **Autism Spectrum Disorders–** These disorders are characterized by severe impairments in social interaction and communication skills, and stereotyped patterns of behaviours, interests and activities. These children have marked difficulties in social interaction and communication; and strong desire for routine. About 70% of children with autism are also mentally retarded.Children with this disorder experience profound difficulties in relating to other people. They are unable to initiate social behaviour and are unresponsive to other people's feelings. They are unable to share experiences or emotions with others. They show serious abnormalities in communication and language. Many of them never develop speech and those who do have repetitive and deviant speech patterns. These children show narrow patterns of interest and repetive behaviours such as lining up objects or stereotyped body movements such as rocking hand flapping or banging their head against the wall.

iii. **Intellectual disability–** This refers to below average intellectual functioning with IQ 70 or below and deficits or impairments in adaptive behaviour which include areas of communication, self-care, home living, social/interpersonal skills, functional academic skills, work and which are manifested below the age of 18 years.

iv. **Specific learning disorder–** In this, the individual experiences difficulty in perceiving or processing information efficiently and accurately. These get manifested in during early school years and the individual encounters problems in basic skills in reading, writing and/or mathematics. The affected child tends to perform below average for his/her age. However, individuals may be able to reach acceptable performance levels with additional inputs and efforts. Specific learning disorder is likely to impair functioning and performance in activities/occupations dependent on the related skills.

Q. 9. What are Substance-related and Addictive Disorders?

Ans. Addictive behaviour involves excessive intake of high calorie food resulting in extreme obesity or the abuse of substances such as alcohol or cocaine. Substance related and addictive disorders include disorders relating to maladaptive behaviours resulting from regular and consistent use of substance. These disorders include problems associated with the use and abuse of alcohol, cocaine, tobacco and opiods

which alter the way people think, feel and behave. The most frequently used substances are the following:

Alcohol: 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. Their bodies then 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. Alcohol destroys millions of families, social relationships and careers. Intoxicated drivers are responsible for many road accidents. It also has serious effects on the children of persons with this disorder. These children have high rates of psychological problems, particularly anxiety, depression, phobias and substance-related disorders. Excessive drinking can seriously damage physical health.

Heroin: Heroin intake significantly interferes with social and occupational functioning. Most abusers further develop a dependence on heroin, revolving their lives around the substance, building 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 paralysing breathing, and in many cases causing death.

Cocaine: 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 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 effect and stopping it results in feelings of depression, fatigue, sleep problems, irritability and anxiety. It also has dangerous effects on psychological functioning and physical well-being.