NCERT Solutions Ch 4 Psychological Disorders

Page No: 87

Review Questions

1. Identify the symptoms associated with depression and mania.

Answer

Symptoms associated with depression are change in body weight, constant sleep problems, tiredness, inability to think clearly, agitation, greatly slowed behaviour, and thoughts of death and suicide. Other symptoms include excessive guilt or feelings of worthlessness.

Symptoms associated with mania are people become euphoric ('high'), extremely active, excessively talkative and easily distractible.

2. Describe the characteristics of hyperactive children.

Answer

Hyperactive children are suffering from Attention-deficit Hyperactivity Disorder (ADHD) which can lead to more serious and chronic disorders as the child moves into adulthood if not attended. Children display disruptive or externalising behaviours.
The two 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 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 disorganised, easily distracted, forgetful, does not finish assignments, and is quick to lose interest in boring activities
Children who are impulsive seem 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 over are common whereas more serious accidents and injuries can also occur.
Hyperactivity also takes many forms. Children with ADHD are in constant motion. Sitting still 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 incessantly. Boys are four times more likely to be given this diagnosis than girls.

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

Answer

In substance abuse, there are recurrent and significant adverse consequences related to the use of
substances. People who regularly ingest drugs damage their family and social relationships, perform poorly at work, and create physical hazards.
In substance dependence, there is intense craving for the substance to which the person is addicted, and 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.

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

Answer

Yes, a distorted body image can lead to eating disorders. The various forms of eating disorders are anorexia nervosa, bulimia nervosa, and binge eating.
(i) Anorexia nervosa: In this eating disorder, the individual has a distorted body image that leads her/him to see herself/himself as overweight. Often refusing to eat, exercising compulsively and developing unusual habits such as refusing to eat in front of others, the anorexic may lose large amounts of weight and even starve herself/himself to death.
(ii) Bulimia nervosa: In this disorder, the individual may eat excessive amounts of food, then purge her/his body of food by using medicines such as laxatives or diuretics or by vomiting. The person often feels disgusted and ashamed when s/he binges and is relieved of tension and negative emotions after purging.
(iii) Binge eating: In this disorder, 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?

Answer

Psychological disorders can be diagonised by the observations, interviews, counsellings etc.
In ancient days, abnormal behaviour can be explained by the operation of supernatural and magical forces such as evil spirits (bhoot-pret) or the devil (shaitan). 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.
A recurring theme in the history of abnormal psychology is the belief that individuals behave strangely because their bodies and their brains are not working properly. This is the biological or organic approach. 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. Another approach is the psychological approach. According to this point of view, psychological problems are caused by inadequacies in the way an individual thinks, feels, or perceives the world.

The American Psychiatric Association (APA) has published an official manual describing and classifying various kinds of psychological disorders. The current version of it, 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 and elsewhere is the tenth revision of the International Classification of Diseases (ICD-10), which is known as the ICD-10 Classification of Behavioural and Mental Disorders. It was prepared by the World Health Organisation (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.

6. Distinguish between obsessions and compulsions.

Answer

Obsessions is the inability to stop thinking about a particular idea or topic. The person involved, often finds these thoughts to be unpleasant and shameful while Compulsions is the need to perform certain
behaviours over and over again. Many compulsions deal with counting, ordering, checking, touching and washing.

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

Answer

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. Abnormal behaviour, thoughts and emotions are those that differ markedly from a society's ideas of proper functioning. Each society has norms, which are stated or unstated rules for
proper conduct. Behaviours, thoughts and emotions that break societal 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, whereas one that emphasises 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 s/he belongs. Well-being is not simply maintenance and survival but also includes growth and fulfilment, i.e. the actualisation of potential, which you must have studied in Maslow's need hierarchy theory. 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; it also suggests that vulnerability in the individual, inability to cope, or exceptional stress in the environment have led to problems in life.

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.

Answer

Positive symptoms: These are 'pathological excesses' or 'bizarre additions' to a person's behaviour. Delusions, disorganised thinking and speech, heightened perception and hallucinations, and
inappropriate affect are the ones most often found in schizophrenia.
Negative symptoms: These are 'pathological deficits' and include poverty of speech, blunted and flat affect, loss of volition, and social withdrawal. People with schizophrenia show alogia or poverty of
speech, i.e. a reduction in speech and speech content. Many people with schizophrenia show less anger, sadness, joy, and other feelings than most people do. Thus they have blunted affect. Some
show no emotions at all, a condition known as flat affect. Also patients with schizophrenia experience avolition, or 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.
Sub-types of Schizophrenia
According to DSM-IV-TR, the sub-types of schizophrenia and their characteristics are:
(i) Paranoid type: Preoccupation with delusions or auditory hallucinations; no disorganised speech or behaviour or inappropriate affect.
(ii) Disorganised type: Disorganised speech and behaviour; inappropriate or flat affect; no catatonic symptoms.
(iii) Catatonic type: Extreme motor immobility; excessive motor inactivity; extreme negativism (i.e. resistance to instructions) or mutism (i.e. refusing to speak).
(iv) Undifferentiated type: Does not fit any of the sub-types but meets symptom criteria.
(v) Residual type: Has experienced at least one episode of schizophrenia; no positive symptoms but shows negative symptoms.

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

Answer

Dissociation can be viewed as severance of the connections between ideas and emotions. Dissociation involves feelings of unreality, estrangement, depersonalisation, 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, dissociative identity disorder, and depersonalisation.
Various forms of dissociation arev as follows:
(i) Dissociative amnesia: It is characterised by extensive but selective memory loss that has no known 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 overwhelming stress.
(ii) Dissociative fugue: It has, as its essential feature, an unexpected travel away from home and workplace, the assumption of a new identity, and the 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.
(iii) Dissociative identity disorder: It often referred to as multiple personality, is the most dramatic of the dissociative disorders. It is often associated with traumatic experiences in childhood. In this disorder, the person assumes alternate personalities that may or may not be aware of each other.
(iv) Depersonalisation: It involves a dreamlike state in which the person has a sense of being separated both from self and from reality. In depersonalisation, there is a change of self-perception, and the person's sense of reality is temporarily lost or changed.

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

Phobias are irrational fears related to specific objects, interactions with others, and unfamiliar
situations. If someone had an intense fear of snakes, this simple phobia cannot be a result of faulty learning. It is a specific phobia which is most common. This group includes irrational fears such as intense fear of a certain type of animal, or of being in an enclosed space. This phobia often develop gradually or begin with a generalised anxiety disorders.

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

Answer

Everyone has worries and fears. The term anxiety is usually defined as a diffuse, vague, very unpleasant feeling of fear and apprehension. The anxious individual also shows combinations of the following symptoms: rapid heart rate, shortness of breath, diarrhoea, loss of appetite, fainting, dizziness, sweating, sleeplessness, frequent urination and tremors.

Different types of anxiety disorders and their symptoms are as follows:
(i) Generalised anxiety disorder: This disorders 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; hypervigilance, which involves constantly scanning the environment for dangers.
(ii) Panic disorder: This disorders consists of recurrent anxiety attacks in which the person experiences intense terror. The clinical symptoms include shortness of breath, dizziness, trembling, palpitations, choking, nausea, chest pain or discomfort, fear of going crazy, losing control or dying.
(iii) Obsessive-compulsive disorder: People are unable to control their preoccupation with specific ideas or are unable to prevent themselves from repeatedly carrying out a particular act or series of acts that affect their ability to carry out normal activities.
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.
Compulsive behaviour is the need to perform certain behaviours over and over again. Many compulsions deal with counting, ordering, checking, touching and washing.
(iv) Phobias: These are irrational fears related to specific objects, interactions with others, and unfamiliar situations