

## Very Short Answer Questions

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**Q. 1. What are norms?**

**Ans.** Each society has norms, which are stated or unstated rules for proper conduct. Behaviours, thoughts and emotions that break societal norms are called abnormal.

**Q. 2. What is stigma?**

**Ans.** Stigma attached to mental illness means that people are hesitant to consult a doctor or psychologist because they are ashamed of their problems.

**Q. 3. What is meant by well-being?**

*[CBSE Delhi 2011]*

**Ans.** Well-being means to have positive health. Health is a state of complete physical, mental, social and spiritual well-being, and not merely the absence of disease.

**Q. 4. What is exorcism?**

**Ans.** Exorcism is removing the evil that resides in the individual through counter-magic and prayer.

**Q. 5. What is interactional approach of psychological disorders?**

*[CBSE (AI) 2013]*

**Ans.** In interactional or bio-psycho-social approach, all three factors, viz. biological, psychological and social play important roles in psychological disorders. The biological describes that defects in various body and brain processes are linked to many types of maladaptive behavior. The psychological approach describes that the psychological problems are caused by inadequacies in the way an individual thinks, feels or perceives the world. According to the social approach, psychological conflicts and disturbed interpersonal relationships were the causes of abnormal behavior.

**Q. 6. Why do we classify Psychological Disorders?**

**Ans.** Classifications of Psychological Disorders are useful because they enable users like psychologists, psychiatrists and social workers to communicate with each other about the disorder and help in understanding the causes of the disorders and the processes involved in their development and maintenance.

**Q. 7. How does humanistic existential model explain psychological disorders?**

*[CBSE (AI) 2015]*

**Ans.** 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. 8. What is Generalised Anxiety Disorder?**

**Ans.** Generalised Anxiety Disorder 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. In this the person is unable to relax, is restless, visibly shaky and tense.

**Q. 9. What is Panic Disorder?**

**Ans.** Panic Disorder involves constant anxiety attacks in which the person experiences terror. The clinical features include shortness of breath, dizziness, trembling, palpitations, choking nausea, chest pain or discomfort, fear of going crazy, losing control or dying.

**Q. 10. Explain the term 'phobias'.**  
2012]

[CBSE (AI)

**Ans.** People with Phobias have irrational fears related to specific objects, people or situations. For example, irrational fears such as intense fear of a certain type of animal or if being in an enclosed space.

**Q. 11. Explain Separation Anxiety Disorder (SAD).**

[CBSE (AI) 2013]

**Ans.** Separation Anxiety Disorder (SAD) is an internalising disorder unique to children where the child expresses excessive anxiety or panic at being separated from their parents. Symptoms are: The 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. They may fuss, scream, throw severe tantrums or make suicidal gestures.

**Q. 12. Distinguish between Obsessive and Compulsive behaviour giving examples.**

2014]

[CBSE Delhi

**Ans.** 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. It involves acts such as counting, ordering, checking, touching and washing.

**Q. 13. What is Post-Traumatic Stress Disorder?**

[CBSE (AI) 2011, 2012]

**Ans.** People who have been caught in a natural disaster such as tsunami or have been victims of bomb blasts by terrorists, or been in a serious accident or in a war-related situation experience Post-Traumatic Stress Disorder (PTSD). PTSD symptoms include recurrent dreams, flashbacks, impaired concentration and emotional numbing.

**Q. 14. Explain the term 'anorexia nervosa'.**

**Ans.** In this the individuals have a distorted body image and 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.

**Q. 15. Differentiate between externalising and internalising disorders of childhood.**

**Ans.** Externalising Disorders include behaviours that are disruptive, aggressive and aversive to others in the child's environment while Internalising Disorders are those conditions where the child experiences depression, anxiety and discomfort.

**Q. 16. What are Delusions?**

**Ans.** Delusions are false beliefs held on inadequate grounds. For example, delusions of grandeur in this people believe themselves to be specially empowered persons.

## Short Answer Questions – I

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### 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.

## Short Answer Questions – II

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### Q. 1. What are the features of abnormal behaviour?

**Ans.** Abnormal behaviour has common features known as the four Ds:

- i. **Deviance:** The person shows different, extreme, unusual or bizarre behaviour.
- ii. **Distressing:** The behaviour shown is unpleasant and upsetting to the person and to others.
- iii. **Dysfunctional:** The behaviour interferes with the person's ability to carry out daily activities in a constructive way.
- iv. **Dangerous:** The behaviour is dangerous to self and to others.

### Q. 2. What is meant by mental disorders? How are they classified? Discuss the role of biological factors in abnormal behaviour.

**Ans.** Mental disorders are abnormal behaviours deviated from some clearly defined norms or standards. Mental disorders have certain common features called 4D's: deviance, distress, dysfunction and danger. The American Psychiatric Association (APS) classified mental disorders on 5 axes or dimensions popularly known as Diagnostic and Statistical Manual of Mental Disorders (DSMIV). World Health Organization (WHO) classified mental disorders by the classification system known as International Classification of Diseases (ICD-10). Biological causes of abnormal behaviour are faulty genes, endocrine imbalances, malnutrition, injuries and other conditions that may interfere with normal development and functioning of the human body. Studies indicate that abnormal activity by certain neuro-transmitters can lead to specific psychological disorders. Anxiety disorders are due to low activity of neuro-transmitter Gamma-aminobutyric acid (GABA), schizophrenia to excess activity of Dopamine and depression to low activity of serotonin. Genetic factors have been linked to mood disorders, schizophrenia, mental disorders etc.

### Q. 3. Describe any two factors underlying abnormal behaviour.

**Ans.**

- i. **Biological Factors:** Biological factors such as faulty genes, endocrine imbalances, malnutrition and injuries interfere with normal development and functioning of the human body. When an electrical impulse reaches a neuron ending, the nerve ending is stimulated to release a chemical, called a neuro-transmitter. Abnormal activity by certain neuro-transmitters can lead to specific psychological disorders. Anxiety disorders have been linked to low activity of the neurotransmitter gamma aminobutyric acid (GABA), schizophrenia to excess activity of dopamine and depression to low activity of serotonin.

- ii. **Genetic Factors:** Genetic factors have been linked to mood disorders, schizophrenia and mental retardation. No single gene is responsible for a psychological disorder. Many genes combine to bring about various dysfunctional behaviours and emotional reactions.

**Q. 4. Explain abnormal behaviour from the perspective of socio-cultural model.**

*[CBSE Delhi 2015, 2016]*

**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 behavior, whereas one that emphasizes cooperation and family values may consider aggressive behavior 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.

Behaviour is shaped by societal forces and hence family structure and communication, social networks, societal conditions and societal labels and roles play an important role. Socio-cultural factors such as war and violence, group prejudice and discrimination, economic and employment problems, and rapid social change, put stress on most of us and can lead to psychological problems in some individuals. People who are isolated and lack social support i.e. strong and fulfilling interpersonal relationships in their lives are likely to become more depressed.

**Q. 5. Define Phobia with its types.**

**Ans.** People with Phobias have irrational fears related to specific objects, people or situations.

They are of the following three types:

- i. **Specific Phobias:** This includes irrational fears such as intense fear of a certain type of animal or if being in an enclosed space.
- ii. **Social Phobias:** This involves intense and incapacitating fear and embarrassment when dealing with others.
- iii. **Agoraphobia:** In this, people develop a fear of entering into unfamiliar situations, e.g., they are afraid of leaving their home.

**Q. 6. Distinguish between obsessions and compulsions.** *[CBSE Delhi 2011]*

**Ans.** 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. It involves acts such as counting, ordering, checking, touching and washing.

**Q. 7. How can suicide be prevented?**

**Ans.** Suicide can be prevented by:

- i. Changing sleeping and eating habits.
- ii. Reducing withdrawal from friends, family and regular activities.
- iii. Avoiding violent actions, rebellious behaviour and running away.
- iv. Avoiding drug or alcohol abuse.
- v. Preventing marked personality change.
- vi. Reducing persistent boredom.
- vii. Improving concentration.
- viii. Taking interest in pleasurable activities.

**Q. 8. Describe the sub-types of schizophrenia.**

**Ans.** 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 activity; extreme negativism (i.e., resistance to instructions) or mutism (i.e., refusing to speak).
- iv. **Undifferentiated type:** Does not fit into any of the sub-types but meets the symptom criteria.
- v. **Residual type:** Has experienced at least one episode of schizophrenia; no positive symptoms but shows negative symptoms.

**Q. 9. Elucidate the difference in various areas of functioning at different levels of Mental Retardation.**

Area of functioning	Mild (IQ range = 50–70)	Moderate (IQ range = 35–49)	Severe (IQ range= 20–34) & Profound (IQ range = below 20)
Self-help skills	Feeds and dresses self and cares for own toilet needs.	Has difficulties and requires training but can learn adequate self-help skills.	No skills to partial skills.
Speech and communication	Receptive and expressive language is adequate;	Receptive and expressive language is adequate; has speech problems.	Receptive language is limited; expressive language is poor.

	understands communication.		
Academics	Can learn from third to sixth grade.	Very few academic skills; first or second grade is maximal.	No academic skills.
Social skills	Has friends; can learn to adjust quickly.	Capable of making friends but has difficulty in many social situations.	Not capable of having real friends; no social interactions.
Vocational adjustment	Can hold a job; competitive to semicompetitive; primarily unskilled work.	Sheltered work environment; usually needs consistent supervision.	Generally no adjustment; usually needs constant care.
Adult living	Usually marries, has children; needs help during stress.	Usually does not marry or have children; dependent.	No marriage or children; always dependent on others.

**Q. 10. What are Substance-use Disorders? Illustrate the two categories of substance use disorders.** *[CBSE Delhi 2014; (AI) 2014]*

**OR**

**Differentiate between substance dependence and substance abuse.** *[CBSE AI 2012]*

**Ans.** Substance-use disorders include problems associated with using and abusing drugs such as alcohol, cocaine and heroin. In substance dependence, the person addicted shows withdrawal symptoms and compulsive drug-taking. In substance abuse, the person addicted damage their family and social relationships, perform poorly at work and create physical hazards.

**The following are the two types of substance use disorders:**

**Substance dependence:** Intense craving for the substance addicted to. Individuals show tolerance, withdrawal symptoms and compulsive drug taking. The substance can change mood, thinking processes and consciousness.

**Substance abuse:** Recurrent and significant consequences of use of substances. Damage to family, social relationship, poor work performance and physical hazards. Alcohol, cocaine, heroin are common substances abused.

**Q. 11. What do you understand by internet addiction?**

**Ans.** Internet addiction is a recent disorder observed chiefly in adolescents and is of major concern to the psychologists. This does not involve excessive use of computer or more specifically internet such as surfing or searching important facts but one or all of the following:

- i. **Internet pornography:** This involves compulsive use of adult websites and overinvolvement in online relationships. It also involves watching internet videos or movies such that these activities interfere with normal life.
- ii. **Cyber-Relationship addiction:** Online friends developed through chatting on Skype or via e-mail or any form of messaging start to gain more communication and importance over time than real-life family and friends.
- iii. **Computer addiction:** Obsessive computer game playing has been recently affecting adolescents and even kids who refuse to leave internet and complete school assignments. Boys take chief interest in car-racing games or shooting with guns and bombs which has increased aggression in them while girls take interest in doll games where they spend hours to change make-up and dresses of the dolls.
- iv. **Online shopping:** Due to easy access and convenience of the Internet, users do shopping at any time of day, thus avoiding hassles of everyday life such as travelling or queues.
- v. **Health:** High levels of internet use are associated with depression, sleep deprivation and loneliness. Those who are addicted to the internet may suffer from great stress when they are disconnected from the internet, and this cycle of stress and relief may lead to altered level of cortisol – a hormone that impacts immune system. Moreover, over-use of internet is associated with more cold and flu symptoms.

**Q. 12. What are Somatoform Disorders? Explain with examples.**

*[CBSE Delhi 2014, 2015; (AI) 2011, 2015]*

**OR**

**State the different types of Somatoform Disorders. Discuss conversion disorders with examples.**

**OR**

**What are Somatoform Disorders. Discuss conversion disorders with examples.**

*[CBSE AI-2011, CBSE DELHI-2014, CBSE DELHI-2015, CBSE AI-2015]*

**Ans.** Somatoform Disorders are the conditions in which there are physical symptoms in the absence of a physical disease or a biological cause. It is of the following 4 types:

- i. **Pain Disorders:** In this, the person reports of extreme and incapacitating pain without any biological symptom. Some pain sufferers learn to use active coping, i.e.

remaining active and ignoring the pain while others engage in passive coping which leads to reduced activity and social withdrawal.

- ii. **Somatisation Disorders:** In this, the individual has multiple and recurrent or chronic bodily complaints and are expressed in a dramatic and exaggerated way. Common complaints are headaches, fatigue, heart palpitations, fainting spells, vomiting and allergies. Patients with this disorder believe that they are sick, provide long and detailed histories of their illness and take large quantities of medicine.
- iii. **Hypochondriasis:** In this, the person has a persistent belief that s/he has a serious illness, despite medical reassurance, lack of physical findings and failure to develop the disease. The patients have an obsessive preoccupation and concern with the condition of their bodily organs and continually worry about their health. It is also known as 'illness anxiety disorders'
- iv. **Conversion Disorders:** In this, the patient reports loss of part or all of some basic body functions. Paralysis, blindness, deafness and difficulty in walking are some of the symptoms reported. For example
  - a. A person who has lost a dear one in an earthquake has no brain injuries but reports of paralysis of one side of body.
  - b. A person who has normal eye-sight may report of blindness just before the exams due to examination anxiety and may show difficulty in reading the book.

## Long Answer Questions

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**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-institutionalisation 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 self-perception, 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 of the 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 repetitive 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 opioids

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.