

Short Answer Questions – II

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-amino-butyric 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 an 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 adequateself-help skills.	No skills to partial skills.
Speech and communication	Receptive and expressive language is adequate;	Receptive and expressivelanguage 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.