



5. “Physicians make diagnosis looking at a person’s physical symptoms.” How are psychological disorders diagnosed?

Ans: Psychological disorders are diagnosed on the basis of two classifications, i.e., DSM or IV and ICD-X.

- Classification of psychological disorders consists of a list of categories of specific psychological disorders grouped into various classes on the basis of some shared characteristics.
- International Classification of Diseases (ICD-10) is classification of behavioural and mental disorders.
- ICD-10 refers to international classification of diseases and its 10th revision is being used.
- It is developed by WHO under one broad heading ‘Mental Disorders’ which is based on symptoms. (The classification scheme is officially used in India)

The American Psychiatric Association (APA) has published an official manual of psychological disorders:

The Diagnostic and Statistical Manual of Mental Disorders, IVth Edition (DSM-IV).

- It 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.

Uses of Classification:

- Classifications are useful because they enable psychologists, psychiatrists and social workers to communicate with each other about the disorders.
- Helps in understanding the causes of psychological disorders and the processes involved in their development.
- It helps in Clinical diagnosis.

6. Distinguish between obsessions and compulsions. (Delhi Board 2014)

Ans.

Sometimes anxiety and tension are associated with obsessions—persistent unwanted thoughts, impulses or ideas or compulsions—seemingly irrational behaviours repeatedly carried out in a fixed, repetitive way. People with obsessive-compulsive disorders find their obsessions or compulsions distressing and debilitating but feel unable to stop them. The compulsive actions are usually carried on to alleviate the anxiety caused by obsessions.

A person provoked with anxious thoughts may try to block them out by compulsively counting steps while walking. Another person obsessed with the idea that he is guilty or dirty, may wash his hands every few minutes, sometimes till the bleed. The symptoms of OCD include a contamination - an obsession of contamination followed by washing or compulsive avoidance of the object. Shame and disgust and the feeling of being easily contaminated are common. Patients usually believe that the contamination is spread from object to object or person to person by the slightest contact.

(a) Pathological Doubt—Obsession of doubt followed by the compulsion of checking. Patients have an obsessional self-doubt

and are always feeling guilty about having forgotten something. The checking may involve multiple trips back - to the house to check the stove.

(b) Intrusive Thoughts—repetitive thoughts of a sexual or aggressive act that is reprehensible to the patient. This is usually not followed by compulsions.

(c) Symmetry—he need for symmetry and precision, which can lead to a compulsion of slowness. Patients can literally take an hour to shave their faces or eat a meal.

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

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

Ans: Abnormal behaviour is a relative term. It is a matter of degree. It is qualitative difference. There is no quantitative difference between normal and abnormal. The word 'Abnormal' literally means away from the normal. It implies deviation from some clearly defined norms or standards.

Various Views to explain Abnormality:

1. Abnormality as Deviation from Social Norms:

- Each society has social norms, which are stated or unstated rules for proper conduct. Behaviours, thoughts and emotions that break societal norms are called abnormal.
- Behaviour violates social norms or threatens or makes anxious those observing it. Violation of norms makes abnormality a relative concept; various forms of unusual behavioural can be tolerated depending on the prevailing cultural norms. Yet this component is also at once too broad and too narrow.
- A society's values may change over time. 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.
- This approach has major shortcomings and there are serious questions against this approach.

2. Abnormality in terms of Maladaptive Behaviour:

- Recent 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 facilitates the well-being of the individual and eventually of the group to which he/she belongs.
- Well-being is not simply maintenance and survival but also includes growth and fulfilment. Maladaptive behaviour refers to—Behaviour that causes problems in life.
- It is inadequate reaction to the stressful situation.
- It ranges from relatively minor but troubling fears to severe distortions of reality.

3. Concept of four D's: Now-a-days many psychologists believe that if an individual's behaviour manifests significant deviance, distress, danger and dysfunction in his/ her behavioural pattern, then it should be treated as abnormal.

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.

Ans: While speaking in public, the patient changes topics frequently. This is a symptom of derailment. This is one of the positive symptoms of schizophrenia; is the descriptive term to a group of

psychotic disorders in which personal, social and occupational functioning deteriorate as a result of disturbed thought processes, strong perceptions, unusual emotional states, and motor abnormalities.

The social and psychological causes of schizophrenia are tremendous, both to patients as well as to their families and society. Symptoms of schizophrenia:

- Positive Symptoms—comprise excesses and provide reduction of distress in the patient. It comprises excesses of thought, emotion, and behaviour.
- Negative Symptoms—deficits of thought, emotion and behaviour.

#### Psychomotor Symptoms

##### Positive Symptoms of Pathological Excesses:

##### 1. Disorganized Thinking and Speech:

- People with schizophrenia may not be able to think logically, and may speak in peculiar ways.
- Formal thought disorders can make communication extremely difficult.
- It refers to problems in the organization of ideas and in speaking so that a listener can understand.
- These include derailment, i.e., rapidly shifting from one topic to another so that the normal structure of thinking becomes illogical (loosening of association, derailed).
- Inventing new words, phrases, i.e., neologism and persistent and inappropriate repetition of the same thoughts.

##### 2. Delusion: It is a false belief that is firmly held on inadequate grounds. It is not affected by emotional argument, and has no basis in reality.

- Delusion of Persecution: belief that they are being plotted against, spied on, slandered, threatened, attacked or deliberately victimized.
- Delusions of Reference: in which they attach special and personal meaning to the actions of others or to objects and event. They believe that they can read others mind.
- Delusions of Grandeur: people believe themselves to be specially empowered with supernatural powers.
- Delusions of Control: they believe that their feelings, thoughts and actions are controlled by others.

##### 3. Hallucinations: Perceptions that occur in the absence of external stimuli.

- Auditory hallucinations are most common in schizophrenia. Patients hear sounds or voices that speak words, phrases and sentences directly to the patients (second person hallucination) or talk to one another referring to the patient as he/she (third person hallucination).
- Tactile hallucinations (i.e., forms of tingling, burning).
- Somatic hallucinations (i.e., something happening inside the body such as a snake crawling inside one's stomach)
- Visual hallucinations (i.e., vague perceptions of colour or distinct visions of people or objects).
- Gustatory hallucinations (i.e., food or drink taste strange).
- Olfactory hallucinations (i.e., smell of smoke).

##### 4. Inappropriate Effect, i.e., emotions that are unsuited to the situation.

Negative symptoms are 'pathological deficits':

- Alogia—poverty of speech, i.e., a reduction in speech and

speech content.

- Blunted effect—reduced expression of emotions.
- Flat effect—no expression of emotions.
- Avolition—social withdrawal.

Psychomotor Symptoms:

- Schizophrenics move less spontaneously or make odd gestures. These symptoms may take extreme forms known as catatonia.
- Catatonic stupor: motionless and silent for long stretches of time.
- Catatonic rigidity: maintaining a rigid, upright posture for hours.
- Catatonic posturing: assuming awkward, bizarre positions for long periods.

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