



1. Identify the symptoms associated with depression and mania.

Ans: Depression and Mania are mood disorders. These are characterized by disturbances in mood or prolonged maladaptive emotional state.

The main types of mood disorders include:

1. Major Depression disorders

2. Mania

3. Bipolar Disorders

Depression may get manifested as a symptom of a disorder or a major disorder in itself. 1. Major depressive disorders, are defined as a period of depressed mood and/or loss of interest or pleasure in most activities, together with other symptoms which may include.

Symptoms of Depression:

- Loss of energy, great fatigue.
- Change in body weight
- Constant sleep problems.
- Tiredness.
- Inability to think clearly.
- Agitation
- Greatly slowed behaviour.
- Thoughts of death and suicide.
- Breakup in relationship.
- Negative self-concept.
- No interest in pleasurable activities.
- Other symptoms include excessive guilt or feelings of worthlessness.

Factors Predisposing towards Depression:

- Genetic make-up: Heredity is an Important risk factor for major depression and bipolar disorders.
- Age is also a risk factor. For instance, women are particularly at risk during young adulthood, while for men the risk is highest in early middle age.
- Gender also plays a great role in this differential risk addition. For example, women in comparison to men are more likely to report a depressive disorder.
- Situational factors like negative life event, lack of social support and not able to live up to expectations etc. are few examples.

2. Mania:

Symptoms of mania.

- Increase in activity level.
- Euphoric.
- Excessively talkative
- Easily distracted.
- Impulsive.
- Less than usual amount of sleep.
- Inflated self esteem.
- Excessive involvement in pleasurable activities.

3. Bipolar Disorders:

Mood disorder, in which both mania and depression are alternately

present, is sometimes interrupted by periods of normal mood. This is known as bipolar mood disorder. (Bipolar mood disorders were earlier referred to as manicdepressive disorders.)

- It is cyclic in nature.
- In bipolar disorders, depression alternates with periods of mania, and shows behaviour that is quite opposite to depression.
- In the manic state, the individual turns megalomaniac. Person develops grandiose cognitions and doesn't consider the negative consequences before acting on these grandiose plans.
- Speech is often rapid, as if she has to say as many words as possible in the time allotted.
- The risk of a suicide attempt is highest in case of bipolar mood disorders.

2. Describe the characteristics of hyperactive children.

Ans: Achenbach has identified two factors in behavioural disorders:

- Externalizing Factors
- Internalizing Factors

These disorders must manifest before the age of 18.

On the basis of these two factors he classified children's disorders in two categories:

- The externalizing disorders or undercontrolled emotions: Behaviours that are disruptive and often aggressive and aversive to others in the child's environment.
- The Internalizing disorders or over-controlled emotions: Those conditions where the child experiences depression, anxiety, and discomfort that may not be evident to others.

1. Externalizing Disorders:

(a) Attention-deficit Hyperactivity Disorder (ADHD).

(b) Oppositional Defiant Disorder (ODD).

(c) Conduct Disorder.

(a) Attention-deficit Hyperactivity Disorder (ADHD):

The two main features of ADHD are:

(i) Inattention

(ii) Hyperactivity-impulsivity.

In attention:

- 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 disorganized, easily distracted forgetful, does not finish assignments, and is quick to lose interest in boring activities.
- Children who are impulsive, 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 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 for some time 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 a lot.

- Boys are four times more prone for this diagnosis than girls.

(b) Children with Oppositional Defiant Disorder (ODD):

- Age-inappropriate amounts of stubbornness,
- Irritable
- Defiant, disobedient
- Behave in a hostile manner.

Unlike ADHD, the rates of ODD in boys and girls are not very different.

(c) Conduct Disorder and Antisocial Behaviour refer to age-inappropriate actions and attitudes that violate family expectation, societal norms, and the personal or property rights of other.

The behaviours typical of conduct disorder include:

- Aggressive actions that cause or threaten harm to people or animals,
- Non-aggressive conduct that causes property damage,
- Major dishonesty,
- Theft and
- Serious rule violations.

Children show many different types of aggressive behaviour:

- Verbal aggression (i.e., name-calling, swearing),
- Physical aggression (i.e., hitting, fighting),
- Hostile aggression (i.e., directed at inflicting injury to others),
- Proactive aggression (i.e., dominating and bullying others without provocation).

2. Internalizing disorders

(a) Separation Anxiety Disorder (SAD)

(b) Depression

(a) Separation anxiety disorder is an internalizing disorder unique to children. Its most prominent symptom is—

- Excessive anxiety or even panic experienced by children at being separated from their parents.
- 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.
- To avoid separation, children with SAD may fuss, scream, throw severe tantrums, or make suicidal gestures.

(b) Depression:

An infant may show sadness by being passive and unresponsive; a preschooler may appear withdrawn and inhibited; a school-age child may be argumentative and combative; and a teenager may express feelings of guilt and hopelessness.

3. What do you understand by substance abuse and dependence? (Outside Delhi 2009, Delhi Board 2014)

Ans: Disorders relating to maladaptive behaviours resulting from regular and consistent use of the substance involved are called substance abuse disorders.

These disorders include problems associated with using and abusing such drugs as alcohol, cocaine and which alter the way people think, feel and behave. There are two sub-groups of substance-use disorders:

(a) Substance Dependence refers to intense craving for the substance to which the person is addicted.

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.

(b) Substance Abuse refers to recurrent and significant adverse consequences related to the use of substances.

People, who regularly consume drugs, damage their family and social relationships, perform poorly at work, and create physical hazards.

Substance abuse disorders are a joint result of physiological dependence and psychological dependence.

Physiological dependence refers to withdrawal symptoms, i.e., the excessive dependence of the body on drugs. Psychological dependence, on the other hand, refers to the strong craving for a drug because of its pleasurable effects.

The three most common forms of substance abuse:

- Alcohol abuse and dependence
- Heroin abuse and dependence
- Cocaine abuse and dependence

Alcohol Abuse and Dependence:

- 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.
- For many people the pattern of alcohol abuse extends to dependence. That is . their bodies 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. Alcoholism destroys millions of families and careers.
- Intoxicated drivers are responsible for many road accidents.
- It also has serious effects in the children of persons with this disorder.
- These children have higher rates of psychological problems. Particularly anxiety.
- Depression phobias and substance-related disorders.
- Excessive drinking can seriously damage physical health. Some of the ill effects of alcohol can be seen on health and psychological functioning.

Heroin Abuse and Dependence:

- Heroin intake significantly interferes with social and occupational functioning.
- Most abusers further develop a dependence on heroin, revolving their lives around the substance, building up 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 paralyzing breathing, and in many cases causing death.
- 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 also 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 effects and stopping it results in feeling of depression, fatigue, sleep problems, irritability and anxiety.
- Cocaine poses serious dangerous effects on psychological functioning and physical well-being.

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

Ans: Term 'eating disorder' refers to serious disruption of the eating habit or the appetite manifested as distorted body image. The main types are:

- Anorexia nervosa
- Bulimia nervosa
- Binge eating

In anorexia nervosa, the individual has:

- A distorted body image that leads him/her to see himself/herself as overweight.
- Often refusing to eat, exercising compulsively and developing unusual habits such as refusing to eat in front of others.
- Anorexic may lose large amounts of weight and even starve himself/herself to death.

In bulimia nervosa,

- The individual may eat excessive amounts of food, then purge his/her body of food by using medicines such as laxatives or diuretics or by vomiting.
- The person often feels disgusted and ashamed when she/he binges and is relieved of tension and negative emotions after purging.
- In binge eating, there are frequent episodes of out-of-control eating.

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