

PSYCHOLOGICAL DISORDERS

● ABNORMALITY AND ITS FEATURES

- ❖ Most definitions of abnormality have certain common features, often called the ‘four Ds’:
 - **Deviance**, (different, extreme, unusual, even bizarre)
 - **Distress** (unpleasant and upsetting to the person and to others)
 - **Dysfunction** (interfering with the person’s ability to carry out daily activities in a constructive way)
 - Possibly **dangerous** (to the person or to others)
- ❖ Since the word ‘abnormal’ literally means “away from the normal”, it implies deviation from some clearly defined norms or standards.
- ❖ There are two basic and conflicting views regarding the difference between normal and abnormal behaviours:
 - (i) Deviation from social norms and
 - (ii) Maladaptive behaviours.

● 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.
- ❖ Each society has norms, which are stated or unstated rules for proper conduct.
- ❖ A society’s norms grow from its particular culture — its history, values, institutions, habits, skills, technology, and arts.
- ❖ Abnormal behaviour, thoughts and emotions are those that differ markedly from a society’s ideas of proper functioning.
- ❖ Behaviours, thoughts and emotions that break societal norms are called abnormal.

● MALADAPTIVE BEHAVIOURS

- ❖ The second approach views abnormal behaviour as maladaptive.
 - Many psychologists believe that the best criterion for determining the normality of behaviour is 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.
 - 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.

● HISTORICAL APPROACH TO ABNORMAL PSYCHOLOGY

❖ Supernatural Sources

- One ancient theory that is still encountered today holds that abnormal behaviour can be explained by the operation of supernatural and magical forces such as evil spirits (bhoot-pret), or the devil (shaitan).
- Exorcism, i.e. removing the evil that resides in the individual through counter-magic and prayer, is still commonly used.
- 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.

❖ **Biological/Organic Approach**

- There has been a recurring 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.

❖ **Psychological Approach**

- It holds that psychological problems are caused by inadequacies in the way an individual thinks, feels, or perceives the world.

❖ **Organismic Approach**

- Philosopher-physicians of ancient Greece such as Hippocrates, Socrates, and in particular Plato developed the organismic approach and viewed disturbed behaviour as arising out of conflicts between emotion and reason.
- Galen elaborated on the role of the four humours in personal character and temperament.
- According to him, the material world was made up of four elements — earth, air, fire, and water which combined to form four essential body fluids — blood, black bile, yellow bile, and phlegm.
- Each of these fluids was seen to be responsible for a different temperament. Imbalances among the humours were believed to cause various disorders.

❖ **Renaissance**

- The Renaissance Period was marked by increased humanism and curiosity about behaviour.
- Johann Weyer emphasised psychological conflict and disturbed interpersonal relationships as causes of psychological disorders.
- He also insisted that ‘witches’ were mentally disturbed and required medical, not theological, treatment.

❖ **Scientific Approach, Reform and Deinstitutionalisation**

- The seventeenth and eighteenth centuries were known as the Age of Reason and Enlightenment, as the scientific method replaced faith and dogma as ways of understanding abnormal behaviour.
- The growth of a scientific attitude towards psychological disorders in the eighteenth century contributed to the Reform Movement and to increased compassion for people who suffered from these disorders. Reforms of asylums were initiated in both Europe and America.
- Deinstitutionalisation in the reform movement placed emphasis on providing community care for recovered mentally ill individuals.

❖ **Interactional/Bio-Psycho-Social Approach**

- There has been a convergence of these approaches, which has resulted in an interactional, or bio-psycho-social approach.
- From this perspective, all three factors, i.e. biological, psychological and social play important roles in influencing the expression and outcome of psychological disorders.

● **CLASSIFICATION OF DISORDERS**

DSM	ICD
The American Psychiatric Association (APA) has published an official manual describing and classifying various kinds of psychological disorders.	It was prepared by the World Health Organization (WHO).
DSM-5 presents discrete clinical criteria which indicate the presence or absence of disorders.	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.

● **CURRENT APPROACHES TO EXPLAINING ABNORMAL BEHAVIOUR**

<i>Model</i>	<i>Features</i>
Biological model	<ul style="list-style-type: none"> ✓ Psychological disorders are often related to problems in the transmission of messages from one neuron to another. ✓ Nerve ending is stimulated to release a chemical, called a neurotransmitter. ✓ Abnormal activity by certain neurotransmitters can lead to specific psychological disorders: <ul style="list-style-type: none"> ● Anxiety disorders have been linked to low activity of gamma aminobutyric acid (GABA), ● Schizophrenia linked to excess activity of dopamine, ● Depression linked to low activity of serotonin.
Psychodynamic model	<ul style="list-style-type: none"> ✓ It covers the following models: <ul style="list-style-type: none"> ● Psychodynamic ● Behavioural ● Cognitive ● Humanistic ✓ Psychodynamic theorists believe that behaviour, whether normal or abnormal, is determined by psychological forces within the person of which s/he is not consciously aware. ✓ Abnormal symptoms are viewed as the result of conflicts between these forces.
Behavioural model	<ul style="list-style-type: none"> ✓ The model concentrates on behaviours that are learned through conditioning and proposes that what has been learned can be unlearned.
Cognitive model	<ul style="list-style-type: none"> ✓ People may hold assumptions and attitudes about themselves that are irrational and inaccurate. ✓ People may also repeatedly think in illogical ways and make overgeneralisations, i.e., they may draw broad, negative conclusions on the basis of a single insignificant event.
Humanistic-existential model	<ul style="list-style-type: none"> ✓ 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 fulfil this potential for goodness and growth. ✓ Existentialists believe that from birth we have total freedom to give meaning to our existence or to avoid that responsibility. Those who shirk from this responsibility would live empty, inauthentic, and dysfunctional lives.
Socio-cultural factors	<ul style="list-style-type: none"> ✓ It has been found that certain family systems are likely to produce abnormal functioning in individual members. ✓ Some families have an enmeshed structure in which the members are over involved in each other's activities, thoughts, and feelings. ✓ Children from this kind of family may have difficulty in becoming independent in life. ✓ Socio-cultural theorists also believe that abnormal functioning is influenced by the societal labels and roles assigned to troubled people. ✓ The person gradually learns to accept and play the sick role, and functions in a disturbed manner.
Diathesis-stress model	<ul style="list-style-type: none"> ✓ This model has three components: <ol style="list-style-type: none"> (i) The first component is the diathesis or the presence of some biological aberration which may be inherited. (ii) The second component is that the diathesis may carry a vulnerability to develop a psychological disorder. This means that the person is 'at risk' or 'predisposed' to develop the disorder. (iii) The third component is the presence of pathogenic stressors, i.e. factors/stressors that may lead to psychopathology. ✓ If such "at risk" persons are exposed to these stressors, their predisposition may actually evolve into a disorder.

● MAJOR PSYCHOLOGICAL DISORDERS

❖ Anxiety Disorders

- 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.
- High levels of anxiety that are distressing and interfere with effective functioning indicate the presence of an anxiety disorder — the most common category of psychological disorders.

Types of Anxiety Disorders

- (i) **Generalised Anxiety Disorder:** Prolonged, vague, unexplained and intense fears that have no object, accompanied by hypervigilance and motor tension.
- (ii) **Panic Disorder:** Frequent anxiety attacks characterised by feelings of intense terror and dread; unpredictable ‘panic attacks’ along with physiological symptoms like breathlessness, palpitations, trembling, dizziness, and a sense of losing control or even dying.
- (iii) **Phobia:** Irrational fears related to specific objects, interactions with others, and unfamiliar situations. Phobias often develop gradually or begin with a generalised anxiety disorder. Phobias can be grouped into three main types, i.e. specific phobias, social phobias and agoraphobia.
- (iv) **Separation Anxiety Disorder:** Extreme distress when expecting or going through separation from home or other significant people to whom the individual is immensely attached to.

❖ Obsessive-Compulsive and Related Disorders

- Obsessive-compulsive disorder 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
 - (i) **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.
 - (ii) **Compulsive behaviour** is the need to perform certain behaviours over and over again. Many compulsions deal with counting, ordering, checking, touching and washing.

❖ Trauma and Stressor-Related Disorders

- 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) that include recurrent dreams, flashbacks, impaired concentration.
- Adjustment Disorders and Acute Stress Disorder are also included under this category.

❖ Somatic Symptom and Related Disorders

- These are conditions in which there are physical symptoms in the absence of physical diseases.
- These include conversion disorders, somatic symptom disorder, and illness anxiety disorder among others.

Somatic Symptom Disorder

- Somatic symptom disorder involves a person having persistent body-related symptoms which may or may not be related to any serious medical condition.
- People with this disorder tend to be overly preoccupied with their symptoms and they continually worry about their health and make frequent visits to doctors.

Illness Anxiety Disorder

- Illness anxiety disorder involves persistent preoccupation about developing a serious illness and constantly worrying about this possibility.
- This is accompanied by anxiety about one’s health. Individuals with illness anxiety disorder are overly concerned about undiagnosed disease, negative diagnostic results; do not respond to assurance by doctors.

Conversion Disorders

- The symptoms of conversion disorders are the reported loss of part or all of some basic body functions.
- Paralysis, blindness, deafness and difficulty in walking are generally among the symptoms reported.

❖ **Dissociative Disorders**

- 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.

Salient Features of Dissociative Disorders

It includes the following conditions:

<i>Dissociative amnesia</i>	<ul style="list-style-type: none"> ✓ Dissociative amnesia 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. ✓ Dissociative fugue 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.
<i>Dissociative identity disorder</i>	<ul style="list-style-type: none"> ✓ Dissociative identity disorder, often referred to as multiple personality, is the most dramatic of the dissociative disorders. ✓ 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.
<i>Depersonalisation</i>	<ul style="list-style-type: none"> ✓ Depersonalisation involves a dreamlike state in which the person has a sense of being separated both from self and from reality. ✓ There is a change of self-perception, and the person’s sense of reality is temporarily lost or changed.

❖ **Mood Disorders**

- **Depression:** The most common mood disorder is depression, which covers a variety of negative moods and behavioural changes.
- Major depressive disorder is defined as a period of depressed mood and/or loss of interest or pleasure in most activities.
- Other symptoms may include change in body weight, constant sleep problems, tiredness, inability to think clearly, agitation, greatly slowed behaviour, thoughts of death and suicide and excessive guilt or feelings of worthlessness.

❖ **Bipolar and Related Disorders**

- *Bipolar I disorder* involves both mania and depression, which are alternately present and sometimes interrupted by periods of normal mood.
- Manic episodes rarely appear by themselves; they usually alternate with depression.
- Bipolar mood disorders were earlier referred to as manic-depressive disorders.
- Some examples of types of bipolar and related disorders include Bipolar I Disorder, Bipolar II disorder and Cyclothymic Disorder.

❖ **Schizophrenia Spectrum and Other Psychotic Disorder**

- Schizophrenia is the descriptive term for a group of psychotic disorders in which personal, social and occupational functioning deteriorate as a result of disturbed thought processes, strange perceptions, unusual emotional states, and motor abnormalities.

Symptoms of Schizophrenia

Positive symptoms (i.e. excesses of thought, emotion, and behaviour), negative symptoms (i.e. deficits of thought, emotion, and behaviour), and psychomotor symptom.

Positive Symptoms of Schizophrenia

Positive symptoms includes: Delusions, disorganised thinking and speech, heightened perception and hallucinations, and inappropriate affect are the ones most often found in schizophrenia.

- A **delusion** is a false belief that is firmly held on inadequate grounds. It is not affected by rational argument, and has no basis in reality.
- **Formal thought disorders** can 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.
- People with schizophrenia may have **hallucinations**, i.e. perceptions that occur in the absence of external stimuli.

Negative Symptoms of Schizophrenia

Negative symptoms 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.
- Patients with schizophrenia experience avolition, or apathy and an inability to start or complete a course of action.

❖ Neuro-developmental Disorders

- These disorders result in hampering personal, social, academic and occupational functioning.
- These disorders get characterised as deficits or excesses in a particular behaviour or delays in achieving a particular age-appropriate behaviour.
- These disorders include Attention-Deficit/Hyperactivity Disorder (ADHD), Autism Spectrum Disorder, Intellectual Disability, and Specific Learning Disorder.

Attention-Deficit/Hyperactivity Disorder

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 instruction.
- 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.

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.

Autism Spectrum Disorder

Children with autism spectrum disorder 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 also show serious abnormalities in communication and language that persist over time.
- Many of them never develop speech and those who do, have repetitive and deviant speech patterns.

Such children often show narrow patterns of interests and repetitive behaviours such as lining up objects or stereotyped body movements such as rocking.

Intellectual Disability

Intellectual disability refers to below average intellectual functioning (with an IQ of approximately 70 or below), and deficits or impairments in adaptive behaviour (i.e., in the areas of communication, self-care, home living, social/interpersonal skills, functional academic skills, work, etc.) which are manifested before the age of 18 years.

Specific Learning Disorder

- In specific learning disorder, the individual experiences difficulty in perceiving or processing information efficiently and accurately.
- These get manifested during early school years and the individual encounters problems in basic skills in reading, writing and/or mathematics.

❖ Disruptive, Impulse-Control and Conduct Disorders

- The disorders included under this category are Oppositional Defiant Disorder (ODD) and Conduct Disorder.

Oppositional Defiant Disorder

- Children with ODD display age-inappropriate amounts of stubbornness, are irritable, defiant, disobedient, and behave in a hostile manner.
- Individuals with ODD do not see themselves as angry, oppositional, or defiant and often justify their behaviour as reaction to circumstances/demands.

Conduct Disorder

- The terms conduct disorder and antisocial behaviour refer to age-inappropriate actions and attitudes that violate family expectations, societal norms, and the personal or property rights of others.
- The behaviours typical of conduct disorder include aggressive actions that cause or threaten harm to people or animals, nonaggressive conduct that causes property damage, major deceitfulness or theft, and serious rule violations.

❖ Feeding and Eating Disorders

- These include anorexia nervosa, bulimia nervosa, and binge eating.

Anorexia Nervosa

- In anorexia nervosa, 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 person with anorexia may lose large amounts of weight and even starve herself/himself to death.

Bulimia Nervosa

- In bulimia nervosa, 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.

Binge Eating

- In binge eating, there are frequent episodes of out-of-control eating.
- The individual tends to eat at a higher speed than normal and continues eating.

❖ Substance-Related and Addictive Disorders

- Addictive behaviour such as intake of high calorie food resulting in extreme obesity or involving the abuse of substances such as alcohol or cocaine are included in this category.
- Disorders relating to maladaptive behaviours resulting from regular and consistent use of the substance involved are included under substance related and addictive disorders.
- These disorders include problems associated with the use and abuse of alcohol, cocaine, tobacco and opioids among others, which alter the way people think, feel and behave.

QUESTION BANK

MULTIPLE CHOICE QUESTIONS

- Different, extreme, unusual, even bizarre behaviour is termed as:
(a) Deviance (b) Distress (c) dysfunction (d) danger
- When the behaviour interferes with the person's ability to carry out daily activities in a constructive way it is termed as _____.
(a) Deviance (b) Distress (c) dysfunction (d) danger
- _____ is simply a label that is given to a behaviour which is deviant from social expectations.
(a) Maladaptive (b) Abnormal (c) Dangerous (d) None of these
- _____ is not simply maintenance and survival but also includes growth and fulfilment
(a) Wellbeing (b) Maladaptive (c) Abnormal (d) Functionality
- According to which approach magical forces such as evil spirits are responsible for Abnormal behaviour.
(a) Exorcism (b) Supernatural (c) Biological (d) Organismic
- _____ approach of abnormal psychology believes that individuals behave strangely because their bodies and their brains are not working.
(a) Exorcism (b) Supernatural (c) Organic (d) Organismic
- Who developed organismic approach?
(a) Socrates (b) Galen (c) Sheldon (d) Chark Samitha
- _____ elaborated on the role of the four humours in personal character and temperament
(a) Socrates (b) Galen (c) Sheldon (d) Hippocrates
- _____ was the key feature of middle ages.
(a) Believed that people behave strangely because their bodies and their brains are not working properly
(b) Demonology and superstition gained renewed importance in the explanation of abnormal behaviour
(c) This period was marked by increased humanism and curiosity about behaviour
(d) The scientific method replaced faith and dogma as ways of understanding abnormal behaviour
- The Renaissance Period was marked by _____.
(a) Believed that people behave strangely because their bodies and their brains are not working properly
(b) Demonology and superstition gained renewed importance in the explanation of abnormal behaviour
(c) This period was marked by increased humanism and curiosity about behaviour
(d) The scientific method replaced faith and dogma as ways of understanding abnormal behaviour
- _____ emphasised psychological conflict and disturbed interpersonal relationships as causes of psychological disorders.
(a) Johann Weyer (b) Galen (c) Sheldon (d) Hippocrates
- The seventeenth and eighteenth centuries were known as the _____ and Enlightenment.
(a) Age of Reason (b) The Middle Ages (c) The Renaissance Period (d) None of these
- One aspect of the reform movement was the new inclination for _____.
(a) Deinstitutionalisation (b) Theological treatment (c) Witch-hunt (d) Drug therapy
- The approach that focuses on biopsychosocial aspects is called:
(a) Maladaptive (b) Interactional (c) Dangerous (d) None of these
- The classification system as proposed by the American Psychiatric Association (APA) is:
(a) ICD (b) DSM (c) CHD (d) DSM IV
- The classification system as proposed by World Health Organization (WHO) is:
(a) DSM (b) ICD (c) DSM IV (d) APA

17. What edition of DSM are we using presently?
 (a) DSM IV (b) DSM IV(R) (c) DSM V (d) DSM III
18. What edition of ICD are we using presently?
 (a) ICD 11 (b) ICD 10 (c) ICD 7 (d) ICD 8
19. According to which model behaviour has a biochemical or physiological basis?
 (a) Psychological (b) Genetic (c) Biological (d) Diathesis stress
20. Anxiety disorders have been linked to low activity of the _____.
 (a) Gammaaminobutyric acid (b) Dopamine
 (c) Serotonin (d) Pituitary Gland
21. Schizophrenia is caused due to the excess activity of _____.
 (a) Gamma aminobutyric acid (b) Dopamine
 (c) Serotonin (d) Pituitary Gland
22. Depression have been linked to low activity of the _____.
 (a) Gamma aminobutyric acid (b) Dopamine
 (c) Serotonin (d) Pituitary Gland
23. Many genes combine to help bring about our various behaviours and emotional reactions, both functional and dysfunctional.
 (a) True (b) False (c) Can't say (d) None
24. _____ is the oldest and most famous of the modern psychological models.
 (a) Psychodynamic model (b) Behavioural model (c) Cognitive model (d) Humanistic Model
25. According to _____ that abnormal behaviour is a symbolic expression of unconscious mental conflicts that can be generally traced to early childhood or infancy.
 (a) Psychodynamic model (b) Behavioural model (c) Cognitive model (d) Humanistic Model
26. Who proposed that abnormal symptoms are viewed as the result of conflicts between intrapsychic forces?
 (a) Freud (b) Maslow (c) Pavlov (d) Rogers
27. Which model states that both normal and abnormal behaviours are learned and psychological disorders are the result of learning maladaptive ways of behaving?
 (a) Psychodynamic model (b) Behavioural model (c) Cognitive model (d) Humanistic model
28. Which model states that both abnormal behaviours due to overgeneralizations and illogical thought processes?
 (a) Psychodynamic model (b) Behavioural model (c) Cognitive model (d) Humanistic Model
29. Socio-cultural theorists also believe that abnormal functioning is influenced by the _____ assigned to troubled people.
 (a) Cast and race (b) Societal labels and roles (c) Power and prestige (d) None of these
30. Diathesis refers to _____.
 (a) Biological predisposition to the disorder (b) Learnt response to situation
 (c) Overgeneralizations (d) Illogical and irrational thinking
31. The first component of diathesis model is _____.
 (a) Vulnerability towards disorder (b) Biological aberration
 (c) Presence of stressor (d) Extreme stress
32. Diffuse, vague, very unpleasant feeling of fear and apprehension is called _____.
 (a) Anxiety (b) Breathlessness (c) Cognitive distortions (d) Eating disorder
33. _____ consists of prolonged, vague, unexplained and intense fears that are not attached to any particular object.
 (a) generalised anxiety disorder (b) phobias
 (c) panic disorder (d) agoraphobia
34. Anita is hyper vigilant and constantly scanning environment for dangers is showing _____ disorder.
 (a) generalised anxiety disorder (b) phobias
 (c) panic disorder (d) agoraphobia

35. Unspecified vague fears resulting in person becoming restless, and visibly shaky and tense:
 (a) Agoraphobia (b) Phobias
 (c) Generalised anxiety disorder (d) Panic disorder
36. Anil experience extreme anxiety attacks causing palpitations and choking when he thinks about exams. He might be suffering from _____.
 (a) Agoraphobia (b) Phobias
 (c) Generalised anxiety disorder (d) Panic disorder
37. A _____ denotes an abrupt surge of intense anxiety rising to a peak when thoughts of a particular stimuli are present.
 (a) Agoraphobia (b) Phobias
 (c) Generalised anxiety disorder (d) Panic attack
38. Thoughts in panic disorder occur in an predictable and specified manner.
 (a) True (b) False (c) Can't say (d) None
39. People showing irrational fears to objects, animals, etc., are suffering from _____.
 (a) Agoraphobia (b) Phobias
 (c) Generalised anxiety disorder (d) Panic attack
40. The irrational fears such as intense fear of a certain type of animal, or of being in an enclosed space is called:
 (a) Specific phobias (b) Socialphobias (c) Agoraphobia (d) Hydrophobia
41. Intense and incapacitating fear and embarrassment when dealing with others indicate _____.
 (a) Specific phobias (b) Socialphobias (c) Agoraphobia (d) Hydrophobia
42. Many people with _____ are afraid of leaving their home as they fearful of entering in an unfamiliar situation.
 (a) Specific phobias (b) Socialphobias (c) Agoraphobia (d) Hydrophobia
43. Every time Anandi is unable to find her mother she creates fuss, scream, throw severe tantrums. What is she suffering from?
 (a) Agoraphobia (b) Separation Anxiety disorder
 (c) Generalised anxiety disorder (d) Panic attack
44. Repeated thoughts of killing one's wife reflects:
 (a) Obsessions (b) Compulsion (c) Depression (d) SAD
45. Performing certain behaviours over and over again like counting, ordering, etc., reflects:
 (a) Obsessions (b) Compulsion (c) Depression (d) SAD
46. Trichotillomania, excoriation belongs to which category of disorders:
 (a) Agoraphobia (b) Obsessive Compulsive disorder
 (c) Generalised anxiety disorder (d) Panic attack
47. PTSD results due to:
 (a) Natural disaster (b) Depression
 (c) After generalised anxiety disorder (d) Panic attacks
48. Other disorders that belongs to the category of PTSD are:
 (a) Depression (b) Panic (c) SAD (d) Adjustment Disorders
49. After facing an accident Phalak is experiencing recurrent dreams, flashbacks, impaired concentration. What is she suffering from?
 (a) Agoraphobia (b) PTSD
 (c) Generalised anxiety disorder (d) Panic attack
50. In these disorders, the individual has psychological difficulties and complains of physical symptoms without biological cause _____.
 (a) Dissociative Disorders (b) Depressive Disorders
 (c) Somatic Symptom (d) Generalised anxiety disorder

51. In this disorder patients are overly concerned about undiagnosed disease, negative diagnostic results, do not respond to assurance by doctors. Identify the disorder.
- (a) Dissociative Disorders (b) Illness anxiety disorder
(c) Depressive Disorders (d) Generalised anxiety disorder
52. After an accident Anil get paralysed but as per the doctors there is no biological cause. What is he suffering from?
- (a) Dissociative Disorders (b) Generalised anxiety disorder
(c) Depressive Disorders (d) Conversion disorder
53. When a patient is preoccupied with his symptom and he continually worry about his health and make frequent visits to doctors he is suffering from _____.
- (a) Dissociative Disorders (b) Somatic symptom disorder
(c) Depressive Disorders (d) Generalised anxiety disorder
54. _____ can be viewed as severance of the connections between ideas and emotions.
- (a) Dissociation (b) Somatic Symptom
(c) Depressive Disorders (d) Generalised anxiety disorder
55. Which disorder is characterized by an inability to remember a traumatic incident?
- (a) Agoraphobia (b) PTSD
(c) Generalised anxiety disorder (d) Panic attack
56. Which is likely true about people with anorexia nervosa?
- (a) They binge eat. (b) They eat and purge.
(c) They don't eat and exercise compulsively. (d) None of these
57. Travel away from home and workplace assuming of a new identity, and suddenly 'wakes up' with no memory about the new identity are the key features of which disorder?
- (a) Dissociative identity disorder (b) Dissociative fugue
(c) Depersonalisation (d) Derealisation
58. It is often associated with traumatic experiences in childhood where , the person assumes alternate personalities. Identify the disorder.
- (a) Dissociative identity disorder (b) Dissociative fugue
(c) Depersonalisation (d) Derealisation
59. Dreamlike state in which the person has a sense of being separated both from self and from reality is suffering from _____.
- (a) Dissociative identity disorder (b) Dissociative fugue
(c) Depression (d) Derealisation
60. There is a change of self-perception, and the person's sense of reality is temporarily lost or changed. Identify the disorder.
- (a) Dissociative identity disorder (b) Depersonalisation
(c) Depression (d) Dissociative fugue
61. After the death of her husband Aruna feel extremely tired, increase in body weight and sleep problems. She is suffering from _____.
- (a) Dissociative identity disorder (b) Dissociative fugue
(c) Depression (d) Depersonalisation
62. _____ involves both mania and depression, which are alternately present and sometimes interrupted by periods of normal mood.
- (a) Bipolar I (b) Adjustment disorders (c) Acute stress disorder (d) Dissociative fugue
63. Schizophrenia is a psychotic disorder that include:
- (a) Emotions (b) Thoughts (c) Judgement (d) All of these
64. A false belief that is firmly held on inadequate grounds _____.
- (a) Illusions (b) Hallucinations (c) Delusions (d) None of these

65. Identify the Delusion: Gaurav thinks his brother is spying on him.
 (a) Delusion of Grandeur (b) Delusion of control (c) Delusion of Persecution (d) Delusion of Reference
66. Anita thinks she is Goddess who is incarnated in a human form to bless others, is suffering from which delusion?
 (a) Delusion of Grandeur (b) Delusion of control (c) Delusion of Persecution (d) Delusion of Reference
67. In Schizophrenia the an individual believes that messages are being sent directly to him or her by god to behave and he is only obeying the almighty is suffering from:
 (a) Delusion of Grandeur (b) Delusion of control (c) Delusion of Persecution (d) Delusion of Reference
68. In Schizophrenia the an individual believes that all natural disasters are created to harm him personally:
 (a) Delusion of Grandeur (b) Delusion of control (c) Delusion of Persecution (d) Delusion of Reference
69. In Schizophrenia symptoms such as hallucinations delusions, inappropriate affect will come under which category of symptoms:
 (a) Positive symptoms (b) Negative symptoms (c) Psychomotor (d) Catatonia
70. Perceptions that occur in the absence of external stimuli is called:
 (a) Illusion (b) Delusion (c) Hallucination (d) Misinterpretation
71. When a patient sees vague perceptions of colour or distinct visions of people or objects it is called _____ hallucination.
 (a) Auditory (b) Visual (c) Olfactory (d) Somatic
72. Patients hear sounds or voices that speak words, phrases and sentences directly to the patient it is called:
 (a) Second-person hallucination (b) Visual hallucination
 (c) Olfactory hallucination (d) Somatic hallucination
73. When a patient experiences poverty of speech, i.e. a reduction in speech and speech content it is termed as:
 (a) Alogia (b) blunted affect (c) flat affect (d) avolition
74. Many people with schizophrenia show less anger, sadness it is termed as:
 (a) Alogia (b) Blunted affect (c) Flat affect (d) Avolition
75. Schizophrenics suffering from _____ remain motionless and silent for long stretches of time.
 (a) catatonic stupor (b) catatonic rigidity (c) catatonic posturing (d) None of these
76. Schizophrenics suffering from _____ maintaining a rigid, upright posture for hours.
 (a) catatonic stupor (b) catatonic rigidity (c) catatonic posturing (d) None of these
77. Some schizophrenics assume awkward, bizarre positions for long periods of time they exhibit:
 (a) catatonic stupor (b) catatonic rigidity (c) catatonic posturing (d) None of these
78. The inventing new words or phrases by schizophrenics is called _____.
 (a) Neologisms (b) Derailment (c) Perseveration (d) Catatonia
79. The two main features of ADHD are inattention:
 (a) Hyperactivity-impulsivity (b) Stereotyped patterns of behaviours
 (c) Impairments in adaptive behaviour (d) None of these
80. _____ disorder is characterised by impairments in social interaction and communication skills, and stereotyped patterns of behaviour.
 (a) Hyperactivity-impulsivity (b) Autism Spectrum
 (c) Intellectual disability (d) Specific Learning Disorder
81. _____ refers to below average intellectual functioning, and deficits or impairments in adaptive behaviour.
 (a) Autism Spectrum (b) Hyperactivity-impulsivity
 (c) Intellectual disability (d) Specific Learning Disorder

82. Under _____ display age-inappropriate amounts of stubbornness, are irritable, defiant, disobedient, and behave in a hostile manner.
- (a) Hyperactivity-impulsivity (b) Intellectual disability
(c) Specific Learning Disorder (d) Oppositional defiant disorder
83. Which disorder is characterized by following symptoms: age-inappropriate actions and attitudes that violate family expectations, societal norms, and the personal or property rights of others?
- (a) Hyperactivity-impulsivity (b) Intellectual disability
(c) Specific Learning Disorder (d) Conduct disorder
84. Aggression that involves name-calling, swearing is termed as:
- (a) Verbal aggression (b) physical aggression (c) hostile aggression (d) proactive aggression
85. Dominating and bullying others without provocation shows _____ aggression.
- (a) Verbal aggression (b) physical aggression (c) hostile aggression (d) proactive aggression
86. In which disorder an individual see herself/himself as overweight and often refusing to eat, exercising compulsively
- (a) anorexia nervosa (b) bulimia nervosa (c) binge eating (d) none of these
87. In which disorder, an individual may eat excessive amounts of food, then purge her/his body of food by using medicine?
- (a) anorexia nervosa (b) bulimia nervosa (c) binge eating (d) none of these
88. When a person shows frequent episodes of out-of-control eating it is termed as _____.
- (a) anorexia nervosa (b) bulimia nervosa (c) binge eating (d) none of these

Input-Text Based MCQs

Read the passage and answer the questions that follow (89 to 91).

Amit reports of incapacitating fear before her maths exams. This fear started in class IX when he failed his maths exams. He thinks that he cannot do maths ever in his life as he failed in class IX. Even while practising maths he sometimes starts feeling shortness of breath, trembling, palpitations, choking. This condition often increases his stress and he finds this very distressing.

89. Which psychological model can explain the cause of Amit's problem?
- (a) Behavioural model (b) Psychodynamic (c) Diathesis stress (d) Cognitive
90. Identify the category of disorder.
- (a) Bipolar disorder (b) Depression (c) Anxiety disorder (d) Schizophrenia
91. Name the disorder stated in the case.
- (a) Panic (b) Sad (c) Generalised (d) Phobia

Read the passage and answer the questions that follow (92 to 95).

The patient Mrs. Sharma had an intense fear of falling and dying, along with fears of losing consciousness; not to be found in time; and might be buried alive. She had been home bound for the last 17 years. She had a fear that something bad will happen, if she will go out of her apartment. She stayed mostly in her bed, and did not even allow her husband to leave the apartment. She believed that she might get hurt or buried alive if she leaves the safety of her bed. She also believed that she might not be found in time, should something bad happen to her. The patient was quite fearful of dying, thinking she may go to hell, although she could not describe anything that would make her deserve that fate. When her brother died in 1971, she managed to go to the hospital but did not want to go to his room to see him. Her niece reported that in the 1950s, when the patient's husband was working, she couldn't tolerate being home alone. Over the years, her condition worsened to a point where she even refused to step out of her apartment. As the time progressed, she was eventually forced to be confined to the corners of her bed. She was then provided with services such as a bedpan and sponge baths.

92. Identify the disorder.
- (a) Panic disorder (b) Agoraphobia
(c) Obsessive compulsive disorder (d) Post-traumatic stress disorder

93. Which statement out of the given options most accurately points towards this diagnosis?
- She had an intense fear of falling and dying.
 - She couldn't tolerate being home alone.
 - The patient was quite fearful of dying, thinking she may go to hell.
 - She stayed mostly in her bed, and did not even allow her husband to leave the apartment. She believed that she might get hurt or buried alive if she leaves the safety of her bed.
94. Which of these is not an anxiety disorder?
- Panic disorder
 - Generalised anxiety disorder
 - Social phobia
 - Adjustment disorder

Read the passage and answer the questions that follow (95 to 97).

Jyoti is a 13-year-old girl studying in class 8 in a renowned school in Delhi. A popular and smart girl, Jyoti has always been known as a fun, interactive, and bubbly child. But her mother has been worried for quite some time now. She feels that Jyoti is a changed girl. She spends most of her time in her room wanting to do everything there. She has to be pulled out for meals with the family and doesn't enjoy outings or meeting relatives or even friends. Her appetite has reduced which has resulted in a significant loss of weight. Her family feels that she appears to be rather sad most of the time, sometimes even without a reason. Her teacher pointed out that she has been awfully quiet in the last few classes along with slipping grades. She even skips her dance class, something she enjoyed doing the most. When asked by her mother what was wrong, Jyoti said that she doesn't like her life anymore. She feels sad most of the time and wishes she could just end it soon.

95. The disorder that Jasmine is most likely to be diagnosed with is
- Major depressive disorder
 - Bipolar 1 disorder
 - Cyclothymic disorder
 - Suicide
96. Women are at risk for this disorder during _____, the risk is highest in _____
- Teenage years, old age
 - Old age, old age
 - Young adulthood, early middle age
 - Childhood, teenage
97. Measures suggested by WHO to prevent suicide is
- Limiting access to means of suicide/bringing in alcohol-related policies
 - Reporting of suicide by media in a detailed way
 - Stigmatising and labelling
 - All the above

ANSWERS

Multiple Choice Questions

- | | | | | | | | | | |
|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| 1. (a) | 2. (c) | 3. (b) | 4. (a) | 5. (b) | 6. (c) | 7. (a) | 8. (b) | 9. (b) | 10. (c) |
| 11. (a) | 12. (a) | 13. (a) | 14. (b) | 15. (b) | 16. (b) | 17. (c) | 18. (a) | 19. (c) | 20. (a) |
| 21. (b) | 22. (c) | 23. (a) | 24. (a) | 25. (a) | 26. (a) | 27. (b) | 28. (c) | 29. (b) | 30. (a) |
| 31. (b) | 32. (a) | 33. (a) | 34. (a) | 35. (c) | 36. (d) | 37. (d) | 38. (b) | 39. (b) | 40. (a) |
| 41. (b) | 42. (b) | 43. (b) | 44. (a) | 45. (b) | 46. (b) | 47. (a) | 48. (d) | 49. (b) | 50. (c) |
| 51. (b) | 52. (d) | 53. (b) | 54. (a) | 55. (b) | 56. (c) | 57. (b) | 58. (a) | 59. (d) | 60. (b) |
| 61. (c) | 62. (a) | 63. (d) | 64. (c) | 65. (c) | 66. (a) | 67. (b) | 68. (d) | 69. (a) | 70. (c) |
| 71. (b) | 72. (a) | 73. (a) | 74. (b) | 75. (a) | 76. (b) | 77. (c) | 78. (a) | 79. (a) | 80. (b) |
| 81. (c) | 82. (d) | 83. (d) | 84. (a) | 85. (d) | 86. (a) | 87. (b) | 88. (c) | | |

Input-Text Based MCQs

89. (d) 90. (c) 91. (a) 92. (b) 93. (d) 94. (d) 95. (a) 96. (c) 97. (d)