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PSYCHOLOGICAL DISORDERS

B.P.C.C.-133

B.A. General - 3rd Semester

**Chapter Wise Reference Book
Including Many Solved Sample Papers**

Based on

C.B.C.S. (Choice Based Credit System) Syllabus of

I.G.N.O.U.

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PSYCHOLOGICAL DISORDERS

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BLOCK-1: INTRODUCTON TO PSYCHOLOGICAL DISORDERS AND DISORDERS OF ANXIETY AND OBSESSIONS

BLOCK-2: MOOD DISORDERS, PSYCHOTIC DISORDERS, SOMATIC SYMPTOMS AND EATING DISORDERS

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QUESTION PAPER

June – 2023

(Solved)

PSYCHOLOGICAL DISORDERS

B.P.C.C-133

Time: 2 Hours]   **[Maximum Marks: 50**

Note: *Attempt any five questions atleast two questions from each section. All questions carry equal marks.*

SECTION–I

Q. 1. Explain the clinical picture and causal factors of intellectual disability.

Ans. Ref.: See Chapter-13, Page No. 134, 'Clinical Picture and Casual Factors'.

Q. 2. Describe the effects of alcohol use and dependence disorder.

Ans. Ref.: See Chapter-11, Page No. 110, 'Alcohol Use and Dependence Disorder'.

Q. 3. Explain the meaning and causes of neurocognitive disorders.

Ans. Ref.: See Chapter-14, Page No. 141, 'What are Neurocognitive Disorders?' and Delirium'.

Q. 4. Write short notes on the following:

(a) **Cognitive-behavioural perspective of generalized anxiety disorder.**

Ans. Ref.: See Chapter-3, Page No. 29, 'Cognitive-Behavioural Perspective'.

(b) **Biological causal factors of obsessive-compulsive disorder.**

Ans. Ref.: See Chapter-3, Page No. 30, 'Casual Factors of OCD'.

SECTION-II

Q. 5. Discuss the binge and purge cycle in bulimia. Explain the causes of eating disorder.

Ans. Ref.: See Chapter-7, Page No. 77, 'Binge and Purge Cycle' and Page No. 78, 'Causes of Eating Disorders'.

Q. 6. Elucidate disorganized symptoms of schizophrenia.

Ans. Ref.: See Chapter-5, Page No. 55, 'Disorganized Sysptoms'.

Q. 7. Elaborate on the symptoms, causal factors and treatment of paranoid personality disorder.

Ans. Ref.: See Chapter-8, Page No. 84, 'Paranoid Personality Disorder'.

Q. 8. Discuss the causal factors and treatment of social anxiety disorder.

Ans. Ref.: See Chapter-1, Page No. 18, 'Causal Factors for Social Anxiety Disorder' and 'Treatment of Social Phobia'.

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QUESTION PAPER

Exam Held In

July – 2022

(Solved)

PSYCHOLOGICAL DISORDERS   B.P.C.C-133

Time: 2 Hours]   **[Maximum Marks: 50**

Note: *Attempt any five questions atleast two questions from each section. All questions carry equal marks.*

SECTION – A

Q. 1. Differentiate between panic and anxiety. Explain the psychological perspective of panic disorder.

Ans. Ref.: See Chapter-2, Page No. 20, Q. No. 1 and Page No. 27, 'Psychological Perspective'.

Q. 2. Elucidate the symptoms and causal factors of histrionic personality disorder.

Ans. Ref.: See Chapter-9, Page No. 97, Q. No. 1, Page No. 91, 'Histrionic Personality Disorder' and 'Casual Factors'.

Q. 3. Discuss the causal factors underlying obsessive-compulsive disorder.

Ans. Ref.: See Chapter-3, Page No. 30, 'Obsessive-Compulsive Disorder' and 'Casual Factors of OCD'.

Q. 4. Write short notes on the following:

(a) **Childhood Depression.**

Ans. Ref.: See Chapter-12, Page No. 124, 'Childhood Depression'.

(b) **Elimination Disorder.**

Ans. Ref.: See Chapter-12, Page No. 125, 'Elimination Disorder'.

SECTION – B

Q. 5. Elucidate the positive and negative symptoms of schizophrenia.

Ans. Ref.: See Chapter-5, Page No. 58, Q. No. 1 and Page No. 54, 'Positive Symptoms' and 'Negative-Symptoms'.

Q. 6. Explain paraphilias and discuss their etiology.

Ans. Ref.: See Chapter-10, Page No. 100, 'Paraphilic Disorder' and Page No. 101, 'Etiology of the Paraphilias'.

Q. 7. Describe the diagnostic criteria for substance use disorder and its psycho-social treatment.

Ans. Ref.: See Chapter-11, Page No. 110, 'Alcohol Use and Dependence Disorder', Page No. 112, Drug Use and Dependance Disorder', Page No. 114, 'Treatment of Substance Use Disorder' and 'Psychosocial Treatment'.

Q. 8. Explain the meaning of stress. Elucidate the clinical features of post-traumatic stress disorder.

Ans. Ref.: See Chapter-15, Page No. 153, Q. No. 1 and Page No. 152, 'Post-traumatic Stress Disorder' and 'Clinical Features of Post-Traumatic Stress Disorder'.

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PSYCHOLOGICAL DISORDERS

> **BLOCK-1: INTRODUCTON TO PSYCHOLOGICAL DISORDERS & DISORDERS OF ANXIETY AND OBSESSIONS**

What is a Psychological Disorder?

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INTRODUCTION

When we speak about health, it encompasses both physical and mental health. But our attention is drawn primarily towards physical problems and diseases only. Psychology, scientific disciple one that studies mental states and processes and behaviour in human and other animals. Psychological disorder or psychopathology has certain symptoms, etiology, the condition in which it is maintained and effect on day-to-day functioning of individual. In this unit, history, classification and criteria of psychological disorders, causal factors and assessment of psychological disorders will be discussed.

CHAPTER AT A GLANCE

WHAT IS A PSYCHOLOGICAL DISORDER?

According to American Psychiatric Association (2013) psychological disorder as the behavioural emotional or cognitive dysfunctions that are unexpected in their cultural context and associated with personal distress or substantial impairment in functioning. Psychological dysfunction in the definition refers to breakdown in cognitive, emotional or behavioural functioning. Example–if a person goes to mall for shopping, instead of enjoying it, he experience fear all the time and want to return home immediately without any valid reason. To differentiate between normal and abnormal dysfunction is often difficult. Having a dysfunction is also not enough to meet the criteria for a psychological disorder. So, according to this definition there are three main criteria for psychological disorder:

1. Psychological dysfunction: This refers to breakdown in cognitive, emotional or behavioural functioning.

2. Distress or impairment in functioning: Most psychological disorder show extreme expression of normal emotions, behaviour and cognitive processes.

3. A typical or not culturally expected: At times things are considered abnormal because they occur infrequently and deviate from the average. The greater the deviation, the more abnormal it is.

In addition, some other criteria are:

1. Violation of social norms: This is very useful in understanding the cultural differences in psychological disorder e.g. to enter a trance state or to believe that one is possessed, reflects a psychological disorder in west, but not in many other cultures where it is expected and accepted.

2. Statistical infrequency: It is presented by Davison, Neale and Kring for abnormal behaviour. Statistical infrequency is used explicitly in diagnosing intellectual disabilities.

3. Harmful dysfunction: Wakefield proposed this with two parts: harmful and dysfunction. Harmful is a value judgement and dysfunction is an objective, scientific component. Level of harmful behaviour is depends upon socio-cultural values.

HISTORY OF PSYCHOLOGICAL DISORDERS

Ancient views of psychological disorders: The earliest evidence that attempts to understand abnormal behaviour, comes from Egyptian Papyri, sixteenth century; BCE that shows that brain was recognized as the site of mental functions. Later in Greece, medical perspective was used to understand mental disorders and their treatment under the leadership of Pericles (461-429 BCE). Father of modern medicine Hippocrates, the Greek physician gave the famous

classification of mental disorder into three categories as mania, melancholia and phrenitis (brain fever). Galen (130-200CE) did anatomical studies of the nervous system in animals and divided the causes of psychological disorders into physical and mental categories. China was one of earliest developed civilization to provide medical attention to mental disorder. Chinese medicine took a natural than a supernatural view of mental disorders. Ancient Indian texts give description about mental disorders. In Ayurveda personality type and temperament depend on the humor, systemic and metal perspectives. *Charaka Samhita* and *Sushruta Samhita* also give a detailed description about diseases that include mental disorders.

Psychological disorders in the middle ages: In Persia Avicenna (980-1037 CE) referred as the Prince of Physicians wrote the most widely referred work in the world titled "The canon of Medicine". Weyer is considered as the founder of modern psychopathology as he was the first specialist of mental disorders. In sixteenth century, asylums were builts, but all of these were in pathetic state and needed reforms.

Humanitarian treatment of people with psychological disorders and mental hygiene movement: In France, Phillipe Pinel (1745-1826 CE) began the humanitarian treatment of mentally ill patients. Benjamin Rush (1745-1813 CE) is known as the founder of the American psychiatry and wrote systematic treatise on psychiatry Medical Inquiries and Observations upon Diseases of the Mind (1812). Dorothea Dix (1802-1887 CE) fought for people in mental hospitals and jails.

Contemporary views about psychological disorders: After the mental hygiene movement gained momentum in USA, many technical advances occurred in USA and in Europe which gave rise to contemporary views of the mental disorders, its causes and treatment. Emil Kraepelin (1856-1926 CE) emphasized the importance of brain pathology and mental disorders and gave the classification system. Sigmund Freud (1856-1939 CE) developed a theory of psychopathology. Wilhelm Wundt established first lab in Leipzig, Germany, showed that psychological processes can be studied through experimentation.

PSYCHOLOGICAL MODELS

There are various approaches to explain mental health disorders and problems. In this section main psychological models will be discussed.

The Psychodynamic Model: Austrian neurologist Sigmund Freud explained normal and abnormal behavior in his theory of psychoanalysis. Activities during childhood are driven by satisfying the needs of id. If these are in conflict it will result in psychopathology.

(a) **The behavioural Model:** This model explains the behaviouristic school of psychology. According to this model psychopathology is the result of learned reaction to environment experiences.

(b) **The cognitive Model:** The approach was proposed by Albert Ellis and Aaron Beck. It states psychopathology to be the result of individual acquiring irrational beliefs, developing dysfunctional way of thinking and processing information in biased ways.

(c) **The Humanistic-Existentialist model:** This model focuses on behavioural and emotional problems.

(d) **Socio-cultural Model:** Individual's culture and group value system play an important role in the development and course of mental disorders.

CLASSIFICATION OF PSYCHOLOGICAL DISORDERS

Classification is suggesting all the possible categories to a system that will form the basis for diagnosis. Carson, Butcher, and Mineka defined classification in abnormal psychology as an attempt to delineate meaningful sub-varieties of maladaptive behavior. Diagnosis is putting an individual to a category of disorder based on symptoms.

Approaches of Classification

(a) Classical, *(b)* Dimensional, *(c)* Prototypical.

Classical Categorical approach came from the work of Emil Kraepelin (1856-1926 CE) and the biological tradition in the study of psychopathology. It assumed that

Human behaviour can be categorized into healthy and disordered.

• Disorders can be divided into discreet and non-overlapping classes.

• Only one set of causal factors per disorder exist.

• There is only one set of defining criteria for each disorder for formal disgnosis.

(a) **Dimensional approach:** A person's behaviour is measured on a scale of 0 to 10 as mild, moderate and mildly aggressive.

(b) **Prototypical approach:** It is combination of both categorical and dimensional approaches. In this, essential characteristics are necessary to classify an entity and some non-essential characteristics.

How did present system of classification formed?: Kring, Davison Neale and Johnson played important role in enlisting the following efforts in classification:

1882 UK: statistical Committee of the Royal Medico-Psychological Association produced a classification system. It was revised many time but not adopted.

(i) **1886 USA:** Association of Medical Superintendents of American Institutions for the Insane adopted a revised British system.

1889, Paris: Congress of Mental Science adopted a single classification but not used.

1913 USA: APA accepted a new classification and incorporated some of Kraepelin's ideas, but without consistency.

Development of ICD (World Health Organization) and DSM (American Psychiatric Association) Systems: In 1939 WHO added mental disorders to the International list of Causes of Death (ICD) and in 2018 a version of ICD-11 was released. In 1952 APA formed Diagnostic and Statistical Manual of Mental Disorder (DSM) which was last revised in 2013 as DSM-5.

Classification help us in identifying different disorders, causes and their treatment and DSM–III released in 1980 was a landmark in the history of nosology which was further revised in 1987and called DSM-III-R. Three main changes of DSM-III are:

(a) Atheoretical approach to diagnosis was attempted which used the precise description of disorder.

(b) Detailed and Specific criteria increased the reliability and validity.

(c) It introduced a multiaxial system in which detailed information of patients was provided to clinicians for rating them on five different dimensions or axes. The detail of multiaxial are:

Axis I - The disorder itself

Axis II - Chronic disorders of personality

Axis III - Physical disorders

Axis IV - Psychosocial stress of the patient and rating by clinician in a dimensional fashion.

Axis V - Current level of adaptive functioning.

Despite shortcomings DSM-III and III-R was used by more clinicians than ICD system. Later to improve work on DSM-IV and ICD-10 was started. According to Barlow and Durand (2005) certain changes were done in DSM-IV AND DSM IV-TR(2000):

I. Scientific data was used in the diagnostic system.

II. Reanalysis of large data.

III. Independent field trials checked the reliability.

IV. Difference between organically and psychologically disorder was removed.

V. Some changes were done in multiaxial system as:

Axis I : Pervasive Developmental Disorder, motor skill disorder, communication disorder and Learning Disorder shifted to Axis I.

Axis II : Personality disorder and mental retardation.

Axis III : Medical conditions.

Axis IV : Psychosocial stress was changed to psychosocial and environmental problems.

Axis V : Functioning level using the GAF(rating scale 0-100).

The reliability of DSM has improved due to increased explicitness of the DSM criteria and use of reliable scored interviews needed for a diagnosis. As it still has some shortcoming, efforts to improve DSM has led to DSM-5. Key aspects are

1. Multiaxial system has been abandoned in DSM-5.
2. It has used an operational approach to diagnosis.
3. Gender differences have been accounted for diagnosis.
4. Appraisal of cultural background has also been done.
5. It contains a structured interview which has a sixteen items Cultural formulation Interview (CFI).

Yet several changes have been made to improve DSM-5, it continues to suffer from the problem of labeling.

CAUSES OF PSYCHOLOGICAL DISORDERS

There is no single or direct answer for the cause of abnormal behaviour. There are only risk factors. So, understanding the causes for psychological disorders is the ultimate goal of abnormal psychology. Causal factors for the abnormal behavior can be analyzed by:

• Distinction between necessary, sufficient and contributory causes.

• The problem of feedback and circularity in abnormal behaviour.

• Concept of Diathesis- Stress model of abnormal behaviour.

1. **Necessary Cause:** It is a condition that is necessary for the disorder, yet it is not always sufficient by itself to cause a disorder.

2. **Sufficient Cause:** It is condition which could be major cause of occurrence of disorder, yet it may not be necessary cause. For example– unemployment may lead to depression but it is not a necessary cause as there could be other causes of depression as well.

3. **Contributory Cause:** It is a condition which increases the chances of disorder, but it is not sufficient or necessary cause for the disorder.

4. **Distal Causal Factors:** There are some casual factors that occur in the early life, but show effect after many years. These factors may contribute to develop a disorder. Example divorce of parents.

5. **Proximal causal factor:** There is some causal factors which may occur before the occurrence of the symptoms of a disorder. These factors may trigger a disorder. For example – Argument between a son and father may lead to major issues in case of son is already having problem in life such as unemployment etc.

6. **Reinforcing Cause:** There are conditions that tends to maintain maladaptive behaviour which is already occurring. Example-Scolding child who is already under depression.

ASSESSMENT OF PSYCHOLOGICAL DISORDERS

Clinical assessment refer to the collection, organization and interpretation of information about a person and his/her situation. Psychological assessment, according to Butcher can be an ongoing process which

proceeds along with treatment efforts and assess outcome. The basic elements in assessment are:

1. Diagnosis: Problem must be classified due to several reasons:

- This helps in planning and managing the treatment.
- Medico-legal cases may require it.
- Helps the administration to provide the facilities and equipments needed.
- Social history should be obtained for better understanding of the problem.
- Helps in understanding the cause of disorder that has lead the person to the clinic.

2. Personality Factor: Long term personality characteristics should be assessed.

3. The Social Context: As social life play an important role in an individual life. So, the environmental demands, the supports and stressors that exist in a person's life should be assessed.

TYPES OF ASSESSMENT

Clinical psychologists collect the data and evaluate to make diagnosis, plan the treatment and prognosis. The main types of assessment for psychological disorders are:

(a) Biological Assessment

(b) Psychological Assessment

- Interview
- Clinical interview
- Psychological Tests
- Observing behaviour

(c) Behavioural and Cognitive assessment

A. Biological Assessment: In some cases, clinicians assess neurological and other biological functioning in order to determine whether abnormal mental processes and mental contents affect or behaviors arise from a medical problem. It includes:

1. Brain Imagery: Some psychological disorders, like schizophrenia, appear to involve structural abnormalities of the brain. So, clinical assessments scan the patient's brain. Techniques used for brain imaging are:

(i) **Computerized Axial Tomography Scan (CT or CAT):** In this technique we can have assess structural brain abnormalities. This oldest neuroimaging technique involves taking pictures of a person's brain using X-rays. A computer can then analyze these X-ray images and reconstruct a three dimensional image of the brain. Computerized axial tomography (CT) builds an image of a person's brain slice by slice creating a CT scan or CAT scan. This way any structural abnormality e.g. blood clots, tumors etc can be detected.

(ii) **Magnetic Resonance Imaging (MRI):** A more recent technology, magnetic resonance imaging (MRI) makes especially sharp images of the brain which allows more precise diagnoses when brain abnormalities are subtle. MRI makes use of the magnetic properties of different atoms, which resonate at different frequencies. In this a person is placed inside a large circular magnet which release the hydrogen atoms in the body to move. When the magnetic force is off the atoms return to their position and generate electromagnetic signal which are read by computer to make picture of brain tissue.

(iii) **Functional MRI of fMRI:** Some mental disorder associated with abnormal brain functioning. fMRI has found less activation in the frontal lobes of patients with schizophrenia .

(iv) **Positron Emission Tomography (PET):** PET introduce a very small amount of radioactive substance into the bloodstream. When a person performs a task, active region of brain take up more blood then less active regions. All this radiation from different areas of the brain are measured and sent to a computer for constructing a three dimensional image of the brain. Higher radiation indicates with brighter colour.

2. Neurochemical Assessment: An assessment of receptor for a given neurotransmitter is allowed by PET scanning. Analyzing the metabolites of neurotransmitters that have been broken down by enzymes. A high level of a particular metabolite indicates a high level of a neurotransmitter.

Metabolite is typically an acid which is produced when a neurotransmitter is deactivated, e.g. Homovanillic acid is the metabolite of dopamine, 5-hydroxyindoleacetic acid is the metabolite of serotonin. It can be detected in urine, blood and cerebrospinal fluid.

3. Neuropsychological Assessment: An assessment of neurological factors may include neuropsychological testing which uses behavioural responses to test items in order to draw inferences about brain functioning. Assessing neuropsychological functioning allow clinicians to distinguish the effect of brain damage from the effect of psychological problem. It gives a broad picture of the brain's functioning.

4. Psychophysiological Assessment: Psychophysiology is concerned with the bodily changes with psychological events. Bodily changes include heart rate, muscle tensions, blood flow in various parts of body, brain waves etc.

- Heart rate is measured by electrocardiogram (ECG).
- Skin conductance or electro dermal responding such as anxiety, fear, anger etc. increase activities in the sympathetic nervous system which leads to increased sweat gland activity that in turn increase the electrical conductance of skin.
- Brain activity can be measured by electroencephalogram (EEG), helps in detecting abnormal brain activity. Such as brain lesions etc.
- Portable device are also used to study blood pressure in vivo.