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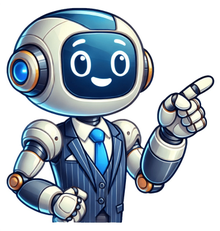

Often referred to as mental disorders or psychiatric disorders, Psychological disorders are one of the largest areas of enquiry in Psychology. All major disorders are categorized by the Diagnostic and Statistical Manual of Mental Disorders (DSM). This volume helps in the treatment, analysis and detection of disorders in patients. Psychological disorders are covered in class 12th to help students prepare for a career in Psychology. In this blog, we present to you our detailed and insightful notes on Psychological Disorders Class 12: Psychological Disorders Class 12 PDFDownload Also Read: 100 Psychological Facts You Must Know Concept of Abnormality and Psychological Disorders Before we begin our notes on Psychological Disorders Class 12, lets understand the concept of abnormality and psychological disorders. Meaning of Abnormality can be aptly described with the help of 4Ds: Deviance: Psychological disorders are characterized by Deviance, Unusual, Bizarre, Strange Dysfunction: Interferes with the normal functioning of an individual. Distress: It implies behaviour that is unpleasant and distressing to oneself and to others. DangerIt means behaviour that is harmful and dangerous to the person concerned and others. Approaches to Study Abnormality and Psychological Disorders Psychological Disorders Class 12 also covers the different approaches to the study of abnormality and mental disorders: First Approach views abnormal behaviour as deviation from social norms and those who are not able to fit in the society are viewed as deviants The second Approach is the maladaptive approach according to which behaviour that does not help the other person in leading a fulfilling life should be viewed as abnormal. Factors underlying Abnormal Behaviour There are various factors underlying Abnormal Behaviour according to Psychological Disorders Class 12: Biological Model A wide range of biological factors like hormonal imbalances, faulty genes, and other factors may have repercussions on the normal functioning and development of individuals. As per various researches and studies, Abnormal activity by various neurotransmitters may lead to abnormal behaviour and Psychological disorders like schizophrenia may happen because of the high activity of dopamine and depression may be due to the low activity of serotonin. Genetic Model A lot of Psychological Disorders like Schizophrenia, Depression, Anxiety Happen because of hereditary factors and genetic mapping of individuals. These may be regressive in nature but can be triggered in an individual life to external stimuli. Psychological Model According to Psychological Disorders Class 12, there are several Psychological factors due to which the development of Psychological Disorders may happen and some of those factors are Maladaptive Family Structure, Faulty Parent-Child relationship, severe stress, maternal deprivation etc. Various other psychological models which provide a substantial explanation of Psychological disorders are explained as follows: Psychodynamic Model focus on the fact that human behaviour whether normal or Abnormal is a result of Psychological forces (Id, Ego, Superego) in the unconscious mind and the relative strength of Id, Ego and Superego determines a persons personality. Behavioural Model states that human behaviour whether normal or Abnormal can be learnt and unlearnt. Abnormal behaviour is a result of learning Maladaptive ways of Behaving. There are three most eminent theories of the behavioural model are classical conditioning, operant conditioning and social learning. Cognitive Model states that Abnormal Behaviour is a consequence of faulty thinking and negative and irrational beliefs about one self and others and drawing broad negative conclusions on the basis of insignificant event results in abnormal behaviour. Humanistic-Existential Model-This model views human beings in a positive light and believes that human beings are inherently positive, cooperative and can self-actualize. Those who lack meaning in their lives tend to leave empty, depressed and dysfunctional lives. Socio-cultural model: Various socio-cultural factors like employment conditions, war, prejudice, discrimination, culture(collectivistic or individualistic) explain human behaviour whether normal or Abnormal in the best possible manner. Diathesis Stress Model: As per this model Psychological Disorders develop when a Diathesis (biological predisposition to the disorder) is set off by a stressful situation. Also Read: Must Watch Movies on Psychological Disorders According to Psychological Disorders Class 12, some major psychological disorders are covered by DSM5 are: YouTube: CrashCourse YouTube: Crash Course Anxiety is defined as a vague and unpleasant feeling of fear and apprehension and some of its symptoms are rapid heart rate, fainting, dizziness, sweating etc. The main types of anxiety disorders are described as follows: Generalised Anxiety Disorders Consists of vague, intense and inexplicable that is not attributed to any particular object or cause. Its symptoms are frequent worry, apprehension, hypervigilance that involves continuous scanning of dangers in the environment and motor tension. A person finds it pretty difficult to stay at ease and relax. Panic Disorder Comprising frequent anxiety attacks in which the person experiences intense terror and here, anxious thoughts are experienced due to a specific cause or stimuli. Symptoms include shortness of breath, choking, nausea, fear of going crazy or death, chest pain etc. Phobias According to Psychological Disorders Class 12, Phobias are defined as irrational fears related to a particular object, person or situation. Three types of Phobias are Specific Phobias highly irrational fears such as fear of a specific type of animal or being enclosed into enclosed spaces Social Phobias is defined as a feeling of intense fear and embarrassment when dealing with others in public Agoraphobia is the fear of entering unfamiliar situations and people with agoraphobia have problems in leaving their home as well and thus due to which they are not able to carry out their normal activities as well. YouTube: MHliteracy It is defined as an intense fear of being separated from attachment figures to such an extent that it hinders their development as well. Children with Separation Anxiety Disorder show the following symptoms are reluctant to go to school alone, shadow every move of their parents and throw tantrums when they are away from their parents even for a little while. Obsessive-Compulsive and Related Disorders YouTube: Psyche Hub People who suffer from OCD are preoccupied with a certain idea or a thought and they are unable to prevent themselves from carrying out a particular activity that hinders their normal day to day functioning. Obsessive Behaviour means the inability to stop thinking about a particular Behaviour or a thought. Compulsive Behaviour is the need to perform certain behaviours over and over again. Also Read: Social Influence and Group Processes Class 12 Notes Trauma and Stress- Related Disorder YouTube: Psyche Hub People who have been victims of bomb blasts, terrorist attacks often experience Post Traumatic Stress Disorder (PTSD). Some of its key symptoms are mentioned below areRecurrent Dreams Frequent flashbacks Emotional distress These are defined as conditions in which the client feels some of the physical symptoms and Psychological difficulties without any biological and medical cause. Main types of somatic symptom and related disorders are explained as follows- Somatic Symptom Disorder YouTube: Osmosis Persistent body Related symptoms are seen in this disorder which does not have a definite medical cause. People with this disorder are preoccupied with their Symptoms, worry about their health and thus, make frequent visits to doctors. Illness Anxiety Disorder As the name suggests, people with illness Anxiety Disorder are preoccupied about the thought of developing a serious illness. Conversion Disorder Clients with conversion Disorder report loss of a body part or bodily function like deafness, blindness, difficulty in walking etc. YouTube: Osmosis Dissociation is defined as a feeling of estrangement, unreality or depersonalisation etc. Some of the major Dissociative Disorders mentioned in the psychological disorders class 12 chapter are- Dissociative Amnesia Its main characteristic feature is extensive but selective memory loss where people fail to remember either a particular incident, phase of life or cannot remember anything about their past. It is associated with high stress. Dissociative Identity Disorder Its main root lies in Traumatic childhood experiences and it is also known as multiple personality disorder. A person assumes alternate or different personalities which may or may not be aware of each other. Depersonalisation This involves a dream-like state in which there is a sense of being separated from self and reality. A persons sense of reality is temporarily lost. Dissociative Fugue New identity formation happens because of an unexpected travel away from the workplace and home. People with Dissociative Fugue experience inability to recall the previous identity. YouTube: Demystifying Medicine Depression is defined as one of the most widely recognized mental disorders and it usually indicates a range of negative emotions and behavioural changes. Depression is usually experienced either after a fallout in a relationship or our failure to attain a significant goal. Major Depressive Disorder It is characterised by loss of interest and enthusiasm in most of the activities in our life and along with that other symptoms include irregular sleep patterns, change in body weight, irritability, withdrawal from social relationships, etc. Factors predisposing to Depression are mentioned below- Age: Women are likely to get depressed in young adulthood and men are likely to get depressed during middle age either due to midlife crisis. Genetics: It is a crucial factor that determines an individuals proneness to depression. Other factors: Significant bad phase in life or lack of desired social support can cause depression as well. People who suffer from mania are highly euphoric, talkative and easily distractible and episodes of mania are accompanied alternatively by depression. In bipolar mood disorder, both mania and depression happen alternatively and in between, there are periods of normal mood as well. Suicide Suicide is a major concern as the suicide rate has increased and some of the symptoms of suicide are mentioned below Difficulty in maintaining concentration. A drastic change in personality. Change in eating and sleep pattern Cut off from family and friends Drug and alcohol abuse. Factors leading to suicide are given below- The last attempt of suicide is the strongest factor. Significant problems in the family, peer group, work-life, and inability to deal with them may lead to suicide. Culture also is an important factor determining suicide. Some measures suggested by WHO to reduce Suicide Care for people who attempted suicide and providing them much needed support Limiting access to suicide. Early identification, treatment and prevention of people who are at risk YouTube: Osmosis It is the descriptive term for a group of psychotic disorders in which functioning in personal, social and work life deteriorates and the causes behind that can be motor abnormalities, unusual emotional states and strange perceptions. Psychological disorders class 12 states the symptoms of Schizophrenia is classified into three categories: Positive Symptoms They are defined as bizarre additions to a persons behaviour and they are mentioned below and are basically excess of thought, emotion and behaviour. Delusion It is defined as a false belief that is firmly held on inadequate grounds and they are of various types Delusion Of Persecution -People believe that they are being plotted against, spied upon and threatened. Delusion Of Reference-People attach special and personal meaning to actions and events of others Delusion Of Grandeur-People believes themselves to be highly empowered. Delusion Of Control-People believes that their thoughts, emotions, feelings are in the hands of others. Hallucination Perceptions that occur in absence of stimuli are defined as hallucination and various types of Hallucination are described as follows- Auditory Hallucination: Patients hear sounds or voices that speak sounds, phrases, words etc. Tactile Hallucination-People experience tingling and burning sensation. Olfactory Hallucination-People experience the smell of poison or smoke. Negative Symptoms They are pathological deficits and include poverty of speech, blunted and flat affect and social withdrawal. Alogia-People show a reduction in speech content Blunted Effect People show less anger, sadness, joy etc. Flat effect-People at times exhibit no emotion at all. Avolition Inability to start or complete a course of action. Psychomotor Symptoms They move less spontaneously and make odd gestures. Catatonic Stupor-People remain motionless and silent for long stretches of time. Catatonic Rigidity-People maintain rigid postures for hours. Catatonic Posturing-People maintain awkward and bizarre positions for long stretches of time. Formal Thought Disorders In the chapter, Psychological disorders class 12, there are formal thought disorders wherein people are not able to think rationally, communicate properly, quickly switch from one topic to another and at times invent their own phrases too. YouTube: Krista Becker According to Psychological Disorders Class 12, there are neurodevelopmental disorders manifest during early childhood and impact academic and personal development. They are characterised as excesses or deficits in a particular behaviour. Several neurodevelopmental disorders are discussed as follows- Attention-Deficit /Hyperactivity Disorder Main features of ADHD are- Inattention is defined as the ability to sustain attention in academics or play. Children who are inattentive quickly lose interest in boring activities, are disorganized and find it difficult to follow instructions. Impulsivity is defined as the inability to control their immediate reaction to the stimulus in the environment and they are habitual of instant gratification and they find it difficult to delay their gratification. Hyperactivity Children who are hyperactive have difficulty sitting still through class and are in constant motion. Boys are four times more likely to get diagnosed with ADHD as compared to girls. Autism Spectrum Disorder This disorder is characterised by difficulty in social communication, interaction and restricted categories of interests. Children with autism are unresponsive to others in social situations, face problems in communication and are intellectually deficient as well. Specific Learning Disorder The individual experiences problems in processing information accurately and efficiently and in reading, writing. In the early years of childhood, academic performance is usually below average but with efforts and inputs, it can be improved. Disruptive, Impulse-Control and Conduct Disorders Various disorders under this category according to the chapter on Psychological Disorders Class 12- Oppositional Defiant Disorder(ODD)People exhibit an age-inappropriate amount of stubbornness and are defiant. People behave in a hostile manner. Conduct Disorder and Antisocial Behaviour Actions which are not appropriate as per family expectations and societal norms. Behaviours in conduct disorder are of aggressive nature and include those actions which cause harm to others. Types of aggressive behaviour includeVerbal Aggression includes actions like name-calling, swearing etc. Physical Aggression includes hitting, fighting with others. Proactive Aggression includes bullying and dominating others without being provoked. Hostile Aggression is aimed at inflicting injury to others. YouTube: Psych2Go According to Psychological Disorders Class 12 chapter, there are various eating disorders: Anorexia Nervosa People with Anorexia Nervosa see themselves as overweight and thus due to their self-image, they exercise extensively and refuse to eat. They can starve themselves to death as well at times. Bulimia Nervosa People with Bulimia Nervosa may over-eat and then purge their body by vomiting or using laxatives and thus, feel relieved. Binge Eating Binge Eating is characterized by frequent episodes of out-of-control eating. The erratic eating patterns can be harmful to the health and well-being of the individual. YouTube: Psyche Hub Disorders which are related to maladaptive Behaviours resulting from regular and consistent use of substance involved are included under substance-related and Addictive disorders and some of the frequently used substances are explained below- Alcohol People who abuse alcohol and rely on it to handle severe situations and this addiction interfere with their ability to function well in their social, personal, and work lives. Due to excessive consumption of alcohol, the body of alcoholics develops a tolerance for alcohol which means that they have to consume it to feel normal. Withdrawal of alcohol results in a huge range of Psychological problems like anxiety, depression and other health problems as well. Heroin It impacts our social and occupational functioning. People develop a tolerance for it and experience withdrawal when they stop consuming Heroin It paralyzes breath and may lead to death as well. Cocaine May cause problems in short term memory and attention. People develop a tolerance for it and experience withdrawal when they stop consuming Cocaine People who are Cocaine addicts may function poorly in their work-life and social life. It has serious repercussions on Psychological and physical well-being. Also Read: Class 12 Psychology Sample Papers Important question and answers for Psychological Disorders Class 12- Q. Identify the symptoms associated with depression and mania.Ans. Symptoms of Maniaare highly euphoric, talkative and easily distractible and symptoms of depression are loss of interest in all the activities which they like, change in eating and sleeping patterns, cut off from family and friends etc. Q. Describe the characteristics of hyperactive children.Ans. Children who are hyperactive have difficulty sitting still through class and are in constant motion. Q. Distinguish between obsessions and compulsions.Ans. Obsessive Behaviour means the inability to stop thinking about a particular Behaviour or a thought. Compulsive Behaviour is the need to perform certain behaviours over and over again. Psychological Disorders Class 12 NCERT PDFDownload Must Read: Entrance Exams for Psychology after 12th What is a Genetic Model? A lot of Psychological Disorders like Schizophrenia, Depression, Anxiety Happen because of hereditary factors and genetic mapping of individuals. What does Anxiety mean? Anxiety is defined as a vague and unpleasant feeling of fear and apprehension and some of its symptoms are rapid heart rate, fainting, dizziness, sweating etc. What are Hallucinations? Perceptions that occur in absence of stimuli are defined as hallucination. This was all about Psychological Disorders class 12notes. Worried about how to revise at the last moment for exams? Dont worry! We, at Leverage Edu, are here for you to provide all the required notes to help you revise faster and ace your examinations. Follow us on Facebook, Youtube, Instagram and LinkedIn. FACTS THAT MATTER Concept of Abnormality and Psychological disorders: The term abnormal with its prefix ab (away from), generally signify the deviance or variation from the normal. Anything not normal must, therefore, be abnormal. But acquiring insight into what we consider normal, expected behaviour is difficult enough, understanding human behaviour beyond the normal range is quite challenging. Normal and abnormal behaviour are subjective terms. These terms are qualitative and matter of degree because drawing a sharp line between then is not possible. The study of Psychopathology is a search for why people behave, think and feel in unexpected, sometimes bizzare and typically self defeating ways. Several characteristics are considered in evaluating whether a behaviour is abnormal: violation of social norms, personal distress, disability or dysfunction, dangerous behaviour (4Ds), unexpectedness and statistical infrequency. Each characteristics tells some thing about what can be considered abnormal, but conception change with time, making it impossible to offer a simple definition that captures abnormality in its totality. Classification of Psychological factors: Classification refers to a list of categories of specific Psychological disorders grouped into various classes on the basis of some shared characteristics. Main Classification. ICD-10: Developed by WHO. This is official classification in India. The classification is based op symptoms under one broad heading i.e. Mental disorders. DSMIV: Developed by APA. It is multi-axial. It is very comprehensive because classification is based on biological Psychological social factors, cause and prognosis of disorders. Importance: These classification provide standard vocabulary standard vocabulary through which professionals universally can converse. It also helps in understanding the cause and diagnosis of mental disorders. Recurring Theories to Study Abnormal Behaviour: 1. Ancient theory suggests some people possessed by supernatural and magical forces such as evil spirits. Exorcism (removing the evil residing in the individual through prayer) is still commonly used. Shaman or medicine man has contact with supernatural forces, medium of communication between human and spirits. 2. Biological/Organic approach links defective biological processes to maladaptive behaviour. 3. According to psychological approach problems caused by inadequacies in the way an individual thinks, feels and perceives. Historical Background: (a) Ancient Greek philosophers (Hippocrates, Socrates, Plato) developed organismic approachviewed disturbed behaviour arising out of conflicts between emotion and reason. Galentemperament affected by imbalance in four humours, similar to tridoshas. (b) Middle ages, superstition and demonologypeople with mental problems, were associated to demons. St. Augustine wrote about feelings, mental anguish and conflictlaid groundwork for modem psychodynamic theories. (c) Renaissance Periodincreased humanism and curiosity about behaviour. Johann Weyerdisturbed interpersonal relationships as cause of psychic disorders, mentally disturbed required medical not theological treatment. (d) Age of Reason and Enlightenment (17th /18th centuries)- growth of scientific method replaced faith and dogma, contributed to Reform movement Increased compassion for those sufferingreform of asylums, deinstitutionalization, emphasized community care. (e) Recent yearsconvergence of approaches, resulted in interactional biopsycho-social approach. Factors Underlying Abnormal Behaviour I. Biological Factors (faulty genes, endocrine imbalances, malnutrition) affect normal development and functioningbehaviour has a biochemical or physiological basis. Abnormal activity by neuro-transmitters (transmission of messages between neurons) leads to specific psychological disorders. (i) Anxiety disorders (Low activity of gamma amino butyric acid (GABA). (ii) Depression (Low activity of serotonin). (iii) Schizophrenia (excess activity of dopamine). Scientific evidence links genetic factors to depression, anxiety, mood disorders, schizophrenia, mental retardationunable to identify the specific genes, no single gene responsible for a particular behaviourcannot alone account for a mental disorder. II. Psychological and interpersonal factors affect abnormal behaviour. Maternal deprivation (separation from mother, lack of warmth in early years). Faulty parent-child relationships (rejection, overprotection, over-permissiveness, faulty discipline) Maladaptive family structures (inadequate or disturbed family). Severe stress. Psychological Models: 1. Psychodynamic Model (Freud): (i) Behaviour determined by unconscious psychological forcesabnormal symptoms, the result of conflicts between these internal, dynamic forces. (ii) Three central forces shape personalityinstinctual needs, drives and impulses (Id), rational thinking (ego) and moral standards (super go). (iii) Abnormal behavioura symbolic expression of unconscious mental conflicts traced to early childhood or infancy. 2. Behavioural Model: (i) Behaviours are learned through classic (temporal association between two events), operant (behaviour followed by a reward), conditioning and social (imitating others behaviour) learning. (ii) Psychological disordersthe result of learning maladaptive ways of behaving. 3. Cognitive Model: (i) Abnormal functioning results from cognitive problems: Irrational and inaccurate assumptions and attitudes. Thinking in illogical ways, making over-generalisations (broad, negative conclusions on the basis of a single insignificant event). 4. Humanistic-Existential Model: (i) Human beings born with a natural tendency to self-actualise, i.e., fulfil the potential for growth. (ii) Existentialists believe that individuals from birth have total freedom to give meaning of existencethose who shirk from responsibility live empty, inauthentic, dysfunctional lives. WORDS THAT MATTER Abnormal Psychology:Serenities study of abnormal behaviour. By using scientific Techniques, Psychology attempts to describe, explain and predict abnormal behaviour. Anti-Social Behaviour:refers to any behaviour that is considered harmful or disruptive within a group or society. Aspects of behaviour such as aggression or deserimination would fall into this category. Anorexia nervosa:Disorder involving severe loss of body weight, accompanied by an intense fear of gaining weight or becoming fat. Anxiety:A state of psychic distress characterized by fear, apprehension, and physiological arousal. Anxiety Disorders:Disorders in which anxiety is a central symptom. The disorder is characterized by feelings of vulnerability, apprehension, or fear. Autism:Pervasive developmental disorder beginning in infancy and involving a wide range of abnormalities, including deficits in language, perceptual, and motor development, defective reality testing, and social withdrawal. Delusions:Irrational beliefs that are held despite overwhelming evidence to the contrary. De-institutionalisation:Movement whose purpose is to remove from care-giving institution such as large mental hospitals all those patients who do not present a clear danger to others or to themselves and to provide treatment sheltered living conditions for them in the community. Depersonalization Disorder:Dissociative disorder in which there is a loss of the sense of self. Diathesis-stress Model:A view that the interaction of factors such as biological predisposition combined with life stress may cause a specific disorder. Dissociation:A split in consciousness whereby certain thoughts, feelings, and behaviour operate independently from others. Exorcism:Religiously inspired treatment procedure designed to drive out evil spirits or forces from a possessed person. Eating disorders:A term which refers to a serious disruption of the eating habits or the appetite. The main types of eating disorders are Anorexia Nervosa, Bulimia Nervosa and Binge eating. Genetics:A branch of Biology referring or relating to genes. Inherited genes are basic unit of inheritance. Hallucination:A false perception which has a compulsive sense of the reality of objects although relevant and adequate stimuli for such perception is lacking. It is an abnormal phenomenon. Hypochondriasis:A psychological disorder in which the individual is dominated by preoccupation with bodily processes and fear of presumed diseases despite reassurance from doctor that no physical illness exists. Hyperactivity:Condition characterised by overactive, poorly controlled behaviour and lack of concentration. Main symptom of ADHD:Severe and frequent problems of either or both attention to tasks or hyperactive and impulsive behaviour. Mental retardation:Subnormal intellectual functioning associated with impairment in adaptive behaviour and identified at an early age. Mood Disorder:Disorder affecting ones emotional state, including depression and bipolar disorder. Neurotransmitter:Chemicals that carry message across the synapse to the dendrite (and sometimes the cell body) of a receiver neurone. Norms:A generalised expectation shared by most members of a group or culture that underlies views of what is appropriate within that group. In terms of Psychological testing norms are standards of test performance that permit the comparison of one persons score on the test to the scores of others who have taken the same test. This is the criteria to compare or typical score of an average group. Obsessive-compulsive Disorder:A disorder characterised by obsession or compulsions. Phobia:A strong, persistent. And irrational fear of some specific object or situation that presents little or no actual danger to a person. Post-traumatic Stress Disorder:Patterns of symptoms involving anxiety reactions, tension, nightmares, and depression following a disaster such as an earthquake or a flood. Schizophrenia:A group of psychotic reactions characterised by the breakdown of integrated personality functioning, withdrawal from reality, emotion blunting and distortion, and disturbances in thought and behaviour. Somatoform disorder:Condition involving physical complaints or disabilities occurring in the absence of any identifiable organic cause. Substance Abuse:The use of any drug or chemical to modify mood or behaviour that results in impairment. Syndrome:Group or pattern of symptoms that occur together in a disorder and represent the typical picture of the disorderIn this post we have given the detailed notes of class 12 Psychology Chapter 4 (Psychological Disorders) in English. These notes are useful for the students who are going to appear in class 12 board exams. Printed Books Are Available Now!BoardCBSE Board, UP Board, JAC Board, Bihar Board, HBSE Board, UBSE Board, PSEB Board, RBSE BoardTextbookNCERTClassClass 12SubjectPsychologyChapter no.Chapter 4Chapter NamePsychological DisordersCategoryClass 12 Psychology Notes in EnglishMediumEnglishClass 12 Psychology Chapter 4 Psychological Disorders in EnglishChapter 4: Psychological DisordersAbnormal Psychology: This is the study of maladaptive Behaviour, including its causes, consequences, and treatment. Maladaptive Behaviour: This refers to Behaviour that cannot be modified according to the needs of the situation, leading to failures in adaptation to life challenges. The Four Ds of psychological disorders:Deviance: Different, extreme, unusual, or bizarre Behaviour. Distress: Unpleasant and upsetting to the person and others. Dysfunction: Interfering with the persons ability to carry out daily activities. Danger: Posing a risk to the person or others. Two views of abnormal Behaviour:Deviation from social norms: Behaviour that differs markedly from societys ideas of proper functioning. Maladaptive Behaviour: Behaviour that interferes with optimal functioning and growth, regardless of societal acceptance. Supernatural and magical forces: Ancient theory that attributes abnormal Behaviour to evil spirits or the devil. Biological/organic approach: Belief that abnormal Behaviour stems from problems in the body or brain. Psychological approach: View that psychological problems arise from how an individual thinks, feels, or perceives the world. Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5): Official manual published by the American Psychiatric Association (APA) for describing and classifying psychological disorders. International Classification of Diseases, 10th Revision (ICD-10): Classification scheme used in India and elsewhere, prepared by the World Health Organization (WHO). Biological factors: Faulty genes, endocrine imbalances, malnutrition, injuries, etc., that can interfere with normal development and functioning. Psychological factors: Maternal deprivation, faulty parent-child relationships, maladaptive family structures, severe stress, etc. Psychological models:Psychodynamic model: Focuses on unconscious mental conflicts. Behavioural model: Emphasizes learning maladaptive ways of behaving. Cognitive model: Attributes abnormal functioning to cognitive problems like irrational or inaccurate assumptions. Humanistic-existential model: Focuses on broader aspects of human existence, such as self-actualization and responsibility for giving meaning to life. Socio-cultural factors: War, violence, prejudice, discrimination, economic problems, rapid social change, etc. Diathesis-stress model: Explains psychological disorders as the result of a biological predisposition (diathesis) triggered by a stressful situation. Characterized by high levels of anxiety that are distressing and interfere with effective functioning.Generalized anxiety disorder: Prolonged, vague, unexplained, and intense fears not attached to any particular object. Panic disorder: Recurrent anxiety attacks with intense terror. Phobias: Irrational fears related to specific objects, people, or situations. Separation anxiety disorder (SAD): Fearful and anxious about separation from attachment figures. Obsessive-compulsive disorder (OCD): Inability to control preoccupation with specific ideas or prevent repeatedly carrying out a particular act or series of acts. Post-traumatic stress disorder (PTSD): Experienced after a traumatic event, with symptoms like recurrent dreams, flashbacks, impaired concentration, and emotional numbing. Physical symptoms in the absence of a physical disease.Somatic symptom disorder: Persistent body-related symptoms, with excessive preoccupation and worry about health. Illness anxiety disorder: Persistent preoccupation with developing a serious illness. Conversion disorder: Reported loss of part or all of some basic body functions, often after a stressful experience. Dissociative amnesia: Extensive but selective memory loss with no known organic cause. Dissociative identity disorder: The person assumes alternate personalities that may or may not be aware of each other. Depersonalization/derealization disorder: Dreamlike state with a sense of being separated from self and reality. Major depressive disorder: Period of depressed mood and/or loss of interest or pleasure in most activities, along with other symptoms like changes in body weight, sleep problems, tiredness, etc. Bipolar I disorder: Alternating periods of mania and depression, sometimes interrupted by periods of normal mood. Schizophrenia: A group of psychotic disorders with disturbed thought processes, strange perceptions, unusual emotional states, and motor abnormalities. Symptoms of schizophrenia:Positive symptoms: Delusions, disorganized thinking and speech, hallucinations, inappropriate affect. Negative symptoms: Poverty of speech, blunted/flat affect, loss of volition, social withdrawal. Psychomotor symptoms: Odd grimaces, gestures, catatonia. Manifest in the early stage of development and hamper functioning.Attention-deficit/hyperactivity disorder (ADHD): Inattention and hyperactivity-impulsivity. Autism spectrum disorder: Impairments in social interaction and communication, stereotyped patterns of Behaviours, interests, and activities. Intellectual disability: Below average intellectual functioning and deficits in adaptive Behaviour. Specific learning disorder: Difficulty in perceiving or processing information, leading to problems in basic skills like reading, writing, or mathematics. Oppositional defiant disorder (ODD): Age-inappropriate stubbornness, irritability, defiance, disobedience, and hostile Behaviour. Conduct disorder: Age-inappropriate actions and attitudes that violate family expectations, societal norms, and personal or property rights of others. Anorexia nervosa: Distorted body image leading to self-starvation. Bulimia nervosa: Binge eating followed by purging. Binge eating: Frequent episodes of out-of-control eating. Alcohol abuse: Regular and excessive alcohol intake, leading to dependence and various physical and psychological problems. Heroin abuse: Significant interference with social and occupational functioning, leading to dependence and risk of overdose. Cocaine abuse: Regular use leading to intoxication, dependence, and various physical and psychological problems.Abnormal psychology: The study of abnormal Behaviour and psychological disorders. Antisocial Behaviour: Behaviour that violates social norms and the rights of others. Anxiety: A feeling of worry, nervousness, or unease. Autism spectrum disorder: A neurodevelopmental disorder characterized by difficulties in social interaction, communication, and repetitive Behaviours. Bipolar and related disorders: Mood disorders characterized by alternating periods of mania and depression. Deinstitutionalization: The process of replacing long-stay psychiatric hospitals with less isolated community mental health services. Delusions: False beliefs that are firmly held despite evidence to the contrary. Depressive disorders: Mood disorders characterized by persistent sadness and loss of interest. Diathesis-stress model: A model that explains psychological disorders as the result of a biological predisposition (diathesis) triggered by stress. Feeding and eating disorders: Disorders characterized by abnormal eating patterns and concerns about body weight or shape. Genetics: The study of genes and heredity. Hallucinations: Sensory experiences that occur in the absence of external stimuli. Hyperactivity: A state of excessive restlessness and activity. Intellectual disability: A disability characterized by significant limitations in both intellectual functioning and adaptive Behaviour. Neurodevelopmental disorders: Disorders that affect the development of the nervous system. Neurotransmitters: Chemical messengers that transmit signals between neurons. Norms: Social expectations or rules of Behaviour. Obsessive-compulsive disorders: Disorders characterized by obsessions (recurrent, unwanted thoughts) and compulsions (repetitive Behaviours). Phobias: Intense, irrational fears of specific objects or situations. Schizophrenia: A chronic mental disorder that affects a persons ability to think, feel, and behave clearly. Somatic symptom and related disorders: Disorders characterized by physical symptoms that cannot be fully explained by a medical condition. Substance-related and addictive disorders: Disorders involving the use of substances that affect mental and physical functioning. Abnormal Behaviour is deviant, distressing, dysfunctional, and dangerous. The three perspectives on abnormal Behaviour are the supernatural, the biological/organic, and the psychological. The bio-psycho-social approach considers biological, psychological, and social factors in psychological disorders. The WHO (ICD-10) and the American Psychiatric Association (DSM-5) have classified psychological disorders. Various models explain abnormal Behaviour, including the biological, psychodynamic, Behavioural, cognitive, humanistic-existential, diathesis-stress, and socio-cultural approaches. Major psychological disorders include anxiety, obsessive-compulsive and related, trauma-and stressor-related, somatic symptom and related, dissociative, depressive, bipolar and related, schizophrenia spectrum and other psychotic, neurodevelopmental, disruptive, impulse-control and conduct, feeding and eating, and substance-related and addictive disorders.We hope that class 12 Psychology Chapter 4 Psychological Disordersnotes in English helped you. 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Here we have given NCERT Class 12 Psychology Chapter 4 Psychological Disorders Notes, NCERT Class 12 Psychology Textbook Solutions for All Chapters, You can practice these here.Psychological DisordersChapter: 41. Identify the symptoms associated with depression and mania.Ans: Depressed mood, anhedonia, psychomotor retardation, fatigue, excessive guilt, or recurrent thoughts of death.2. Describe the characteristics of children with hyperactivity.Ans: The characteristics of children with hyperactivity are mentioned below:(i) Fidgeting and squirming while seated.(ii) A child may also be impulsive and hyperactive.3. What are the consequences of alcohol substance addiction?Ans: The consequences of alcohol substance addiction are:(i) Health Effects:(a) Physical Health: Chronic alcohol use can lead to liver disease (such as cirrhosis), cardiovascular problems (like high blood pressure and heart disease), digestive issues, pancreatitis, and neurological damage.(b) Mental Health: Alcohol abuse is associated with an increased risk of depression, anxiety disorders, and other mental health conditions.(ii) Social and Interpersonal Consequences:(a) Relationships: Alcohol addiction can strain relationships with family, friends, and colleagues due to behavioural changes, unreliability, and conflicts arising from alcohol-related incidents.(b) Social Isolation: People struggling with alcohol addiction may withdraw from social activities and isolate themselves from others.(iii) Legal and Financial Issues:(a) Legal Problems: Alcohol abuse can lead to legal issues such as DUI (driving under the influence), public intoxication charges, or criminal behaviour associated with alcohol use.(b) Financial Strain: Funding the addiction can lead to financial instability due to spending on alcohol, neglecting financial responsibilities, or job loss.4. Can a distorted body image lead to eating disorders? Classify the various forms of it.Ans: Yes, a distorted body image can lead to eating disorders.Here are the various forms of eating disorders associated with body image issues:(i) Anorexia Nervosa:(a) Intense fear of gaining weight.(b) Distorted perception of body size.(c) Restrictive eating, excessive exercise.(ii) Bulimia Nervosa:(a) Binge eating followed by purging (vomiting, laxatives).(b) Intense focus on body shape and weight.(c) Feelings of loss of control over eating.(iii) Binge Eating Disorder:(a) Recurrent episodes of eating large quantities of food.(b) Feelings of guilt or shame after bingeing.(c) No regular purging behaviour.5. Physicians make diagnosis looking at a persons physical symptoms. How are psychological disorders diagnosed?Ans: Yes, physicians often rely on physical symptoms to help diagnose medical conditions. These symptoms can include observable signs like rashes, swelling, or abnormal physical exam findings such as high blood pressure or a rapid heart rate. Additionally, patients reported symptoms, such as pain, fatigue, or digestive issues, are crucial in forming a diagnosis. Physicians use their medical knowledge, clinical experience, and sometimes diagnostic tests like blood work or imaging scans to correlate these symptoms with known medical conditions and reach a diagnosis.(i) Psychological Assessment: This includes standardised tests and tools designed to measure specific psychological factors, such as intelligence, personality traits, or symptoms of particular disorders.(ii) Observation: Clinicians may observe the patients behaviour and interactions in different contexts to assess their mental state and functioning.(iii) Diagnostic Criteria: Most psychological disorders are diagnosed based on specific criteria outlined in diagnostic manuals like the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) or ICD-10 (International Classification of Diseases).6. Distinguish between obsessions and compulsions.Ans: The difference between obsessions and compulsion are mentioned below:obsessionscompulsions.Obsessions are intrusive and persistent thoughts, urges, or images that cause distress or anxiety.Compulsions are repetitive behaviours or mental acts that a person feels driven to perform in response to an obsession or according to rigid rules.They are unwanted and often irrational, causing significant distress because they intrude into a persons consciousness despite efforts to ignore or suppress them.these actions are aimed at reducing anxiety or preventing a feared event or situation, even though they may be excessive or not realistically connected to the feared outcome.7. Can a long-standing pattern of deviant behaviour be considered abnormal? Elaborate.Ans: Yes, a long-standing pattern of deviant behaviour can be considered abnormal, particularly when it significantly deviates from societal norms and affects daily functioning or well-being.Heres how:(i) Social Norms: Deviant behaviour violates the accepted standards of behaviour in a society. When persistent, it can lead to social rejection or legal consequences.(ii) Maladaptive Functioning: Such behaviour often impairs an individuals ability to function effectively in daily life, affecting relationships, work, or school performance.(iii) Psychological Distress: It can cause significant distress to the individual or others, potentially indicating underlying psychological issues.8. While speaking in public the patient changes topics frequently, is this a positive or a negative symptom of schizophrenia? Describe the other symptoms 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.9. What do you understand by the term dissociation? Discuss its various forms.Ans: Dissociation can be viewed as severance of the connections between ideas and emotions. Dissociation involves feelings of unreality, estrangement, depersonalisation.Its various forms are mentioned below:(i) Dissociative amnesia is characterised by extensive but selective memory loss that has no known organic cause (e.g., head injury). Some people cannot remember.(ii) Dissociative disorders. Conditions included in this are Dissociative Amnesia, Dissociative Identity Disorder, and Depersonalisation/Derealisation Disorder.10. What are phobias? If someone had an intense fear of snakes, could this simple phobia be a result of faulty learning? Analyse how this phobia could have developed.Ans: A phobia is an uncontrollable, irrational, and lasting fear of a certain object, situation, or activity. someone who was afraid to travel in a lift or climb to the tenth floor of a building, or refused to enter a room if s/he saw a lizard. You may have also felt it yourself or seen a friend unable to speak a word of a well-memorised and rehearsed speech before an audience. These kinds of fears are termed as phobias.Yes, a simple phobia can often result from faulty learning. This type of phobia typically develops through classical conditioning, operant conditioning, or observational learning.Phobias are of different types:(ii) Specific phobias: Directed towards specific