NDIAN SCHOOL MUSCAT
SENIOR SECTION
DEPARTMENT OF HUMANITIES
PSYCHOLOGY
CLASS XII
TOPIC/CHAPTER: PSYCHOLOGICAL DISORDERS

Psychological disorders are

- Deviant – different, extreme, unusual
- Distressing – unpleasant or upsetting to the person and to others
- Dysfunctional – interfering with the person's ability to carry out daily activities in a constructive way
- Dangerous (possibly) – to the person or others

Various approaches have been used to distinguish between normal and abnormal behaviours.

- The first approach views abnormal behaviour as a deviation from social norms. Each society has norms, and behaviours, thoughts or emotions that break these norms are called abnormal.
- The second approach views abnormal behaviour as maladaptive. This approach holds that abnormal behaviour is defined by whether it fosters the well-being of the individual and eventually of the group to which he/she belongs. **Well-being** is not simply maintenance and survival but also includes growth and fulfillment. According to this criterion, conforming behavior can be seen as maladaptive if it interferes with optimal functioning and growth.

Historical approaches to psychological disorders:

- **Supernatural or Magical forces Approach** – Exorcism (removing the evil that resides in the individual through counter magic and prayer) is still commonly used.
- **Biological or Organic Approach** – In this approach, individuals behave strangely because their bodies and their brains are not functioning properly. In the modern era, there is evidence that body and brain processes have been linked to many types of maladaptive behaviour.
- **Psychological Approach** – In this approach, psychological problems are caused by inadequacies in the way an individual thinks, feels or perceives the world.

Historical background of psychological disorder approaches:

- In ancient Greece, philosopher-physicians like Hippocrates, Socrates and Plate developed the organismic approach and viewed disturbed behaviour as a consequence of conflicts between emotion and reason.
- Galen elaborated on the role of the four humours in personal character and temperament. According to this, the material world was made up of four elements – earth, fire, air and water which combined to form four essential body fluids – blood, black bile, yellow bile and phlegm. Each of these was responsible for a different temperament, and imbalances in these humours were believed to cause psychological disorders.

- In the Middle Ages, Demonology related to a belief that people with mental problems were evil and there are numerous instances of witch hunts during this period. During the Middle Ages, the Christian spirit of charity prevailed and St. Augustine wrote extensively about feelings, mental anguish and conflict, which laid the groundwork for modern psychodynamic theories of abnormal behaviour.
- The Renaissance Period was marked by increased humanism and curiosity about behaviour. Johann Weyer emphasized psychological conflict and disturbed interpersonal relationships as causes of psychological disorders.
- The Age of Reason and Enlightenment (17th and 18th centuries) was when scientific method replaced faith and dogma as a way of understanding abnormal behavior. The growth of a scientific attitude towards psychological disorders in the 18th century contributed to the Reform Movement and to increased compassion for people who suffered from these disorders. One aspect of this movement was the new inclination for **deinstitutionalization** which placed emphasis on providing community care for mentally diseased individuals.

Classification of psychological disorders consists of a list of categories of specific psychological disorders grouped into various classes on the basis of shared characteristics.

The American Psychiatric Association has published an official manual of psychological disorders. The current version of it, Diagnostic and Statistical Manual of Mental Disorders, evaluates the patient on five dimensions rather than on one broad aspect of mental disorder.

The Classification of Mental and Behavioural Disorders is used in India and around the world and has been prepared by the WHO.

Biological factors influence all aspects of our behavior. Factors such as faulty genes, endocrine imbalances, malnutrition, etc. may be potential causes for abnormal behavior. According to this model, abnormal behavior has a biological or physiological basis. Researchers have found that psychological disorders are often related to problems in the transmission of messages from one neuron to another. Studies indicate that abnormal activity by certain neurotransmitters can lead to specific psychological disorders. Anxiety disorders have been linked to low activity of the neurotransmitter GABA (gamma aminobutyric acid), schizophrenia to excess activity of dopamine, and depression due to low activity of serotonin.

Genetic factors have been studied by researchers in the case of psychological disorders. It appears that in most cases, no single gene is responsible for a particular behavior or a psychological disorder. In fact, many genes combine to help bring about our various behaviours and emotional reactions, both functional and dysfunctional.

Psychological Models maintain that psychological and interpersonal factors have a significant role to play in abnormal behavior.

- **Psychodynamic model** – It follows the view that behaviour, whether normal or abnormal, is determined by psychological forces within the person of which s/he is not consciously aware. These internal forces are considered dynamic (they interact with each other and their interaction gives shape to behavior, thoughts and emotions) and abnormal behavior is viewed as the results of conflicts between these forces. Freud

stated that abnormal behaviour is a symbolic expression of unconscious mental conflicts that can be generally traced to early childhood and infancy.

- **Behavioural model –** This model states that both normal and abnormal behaviours are learned and psychological disorders are the result of learning maladaptive ways of behaving. The model concentrates on behaviours that are learned through conditioning, and proposes that what can be learned can be unlearned. Learning takes place through classical conditioning (temporal association where two events repeatedly occur together in time), operant conditioning (behaviour is followed by a reward) and social learning (imitation).
- **Cognitive model** – This model states that abnormal functioning can result from cognitive problems. People hold assumptions about themselves that are irrational, and think in illogical ways and make overgeneralisations.
- **Humanistic-Existential model** – It focuses on the broader aspects of human existence. 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 model** – In this model, abnormal behaviour is best understood in light of the social and cultural forces that influence an individual. As behaviour is shaped by societal forces, factors such as family structure and communication, social networks, societal conditions and societal labels and roles become more important. Socio-cultural theorists believe that abnormal functioning is influenced by societal labels and roles assigned to troubled people. When people break the norms of their society, they are called deviant or mentally ill. Such labels tend to stick so that the person may be viewed as crazy and encouraged to act sick. The person gradually learns to accept and play the sick role, and functions in a disturbed manner.
- **Diathesis-Stress model**- This model states that psychological disorders develop when a diathesis (biological predisposition to the disorder) is set off by a stressful situation. This model has three components.
  1. The diathesis or presence of some biological aberration which may be inherited
  2. The diathesis may carry a vulnerability to develop a psychological disorder
  3. The presence of pathogenic stressors (factors that may lead to psychopathology)

  If such 'at risk' persons are exposed to these stressors, their predisposition may actually evolve into a disorder.

Anxiety is usually defined as a diffuse, vague and very unpleasant feeling of fear and apprehension. There are various types of anxiety disorders.

- **Generalised Anxiety Disorder** – Prolonged, vague, unexplained and intense fears that are not attached to any particular object. It is marked by motor tension, as a result of which the person is unable to relax, and is visibly shaky or tense. The symptoms include worry and apprehensive feelings about the future, hyper vigilance which includes constantly scanning the environment for threats.
- **Panic Disorder** – Recurrent anxiety attacks in which the person experiences intense terror. A panic attack denotes an abrupt surge of intense anxiety rising to a peak when thoughts of particular stimuli are present. The clinical features include shortness of breath, dizziness, trembling, palpitations, nausea, chest pain, discomfort, losing control or dying.

- **Phobias** – Irrational fears related to specific objects, people or situations. Phobias often develop gradually or begin with a generalized anxiety disorder. Phobias can be grouped into three main types.
  1. **Specific phobias** are irrational fears of a particular stimuli, and are the most common type of phobia.
  2. **Social phobias** include intense and incapacitating fear and embarrassment when dealing with others.
  3. **Agoraphobia** is a term used when people develop a fear of entering unfamiliar situations.

Separation Anxiety disorder – It is a situation where individuals are separated from the loved ones that time they will develop the disorders. The common symptoms include among the children after the separation are fuss, scream, severe tantrums and suicidal gestures.

- **Obsessive Compulsive and related Disorder** – Inability to control a preoccupation with specific ideas or inability to prevent carrying out a particular act or series of acts that affect their ability to carry out normal activities. 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. Compulsive behaviour is the need to perform certain behaviours again and again.

Hoarding disorder - Hoarding disorder is a persistent difficulty discarding or parting with possessions because of a perceived need to save them. A person with hoarding disorder experiences distress at the thought of getting rid of the items. Excessive accumulation of items, regardless of actual value, occurs.

Trichotillomania – Hair pulling disorder
Excoriation – skin picking disorder

Stress and Trauma related disorders

- **Post-Traumatic Stress Disorder** – Due to the sudden natural disasters like tsunami, cyclone, earthquake and manmade disasters like accidents, fire, terror attacks the survivors will have the feelings of helplessness and hopelessness associated with symptoms vary widely but many include recurrent dreams, flashbacks, impaired concentration and emotional numbing.
- Acute stress disorder is characterized by the development of severe anxiety, dissociation, and other symptoms that occurs within one month after exposure to an extreme traumatic stressor (e.g., witnessing a death or serious accident)
- **Adjustment disorder** is a group of symptoms, such as stress, feeling sad or hopeless, and physical symptoms that can occur after you go through a stressful life event. The symptoms occur because you are having a hard time coping. Your reaction is stronger than expected for the type of event that occurred.

Somatic symptom and related Disorders are conditions in which there are physical symptoms in the absence of a physical disease. The individual has psychological difficulties and complains of physical symptoms, for which there is not biological cause.

- **Somatic symptom disorders** involve a person having a persistent body – related symptoms which may or may not be related to serious medical condition. People in this disorder are overly preoccupied with the sickness and they continuously worry about their health. They make frequent visits to doctors and develops significant distress and disturbances in their personal life.
- **Illness anxiety disorder** It is previously known as Hypochondriasis or health anxiety, It is diagnosed if a person has a persistent preoccupation about developing a serious illness and constantly worrying about their health. People with this disorder are overly concerned about undiagnosed disease, negative diagnostic results, and they do not respond to assurance by doctors. They will be easily alarmed about illness such as on hearing about someone else's ill – health.

  Somatic symptom disorder and illness anxiety disorder are concerned with medical illnesses and the difference is found only in the way of expression. In the case of somatic symptom disorder the expression is in terms of physical complaints where as the illness anxiety disorder the main concern is anxiety.

- **Conversion disorders** involve 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. These symptoms may occur after a stressful experience or all of a sudden.

Dissociative Disorders are characterized by sudden temporary alterations of consciousness that blot out painful experiences. Dissociation can be viewed as severance of the connections between ideas and emotions, and involves feelings of unreality, estrangement, depersonalization, and sometimes a loss or shift of identity.

- **Dissociative amnesia** is characterized by extensive but selective memory loss that has no known organic cause. Some people can't remember or recall about their past and some people may not recall a particular part or the portion of their memory. A part of dissociative amnesia is dissociative fugue.
- **Dissociative fugue** involves 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.
- **Dissociative identity disorder** (multiple personality disorder involves the person assuming alternate personalities that may or may not be aware of each other. It is often associated with traumatic childhood experiences.
- **Depersonalisation** is 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 are characterized by disturbances in mood or prolonged emotional state.

- **Depression** refers to a symptom or the state of mind after a significant loss, breakup of a long standing relationship, or failure to attain a goal
- **Major Depressive Disorder** is defined as a period of depressed mood and/or loss of interest in other activities, together with other symptoms. Genetic make-up is an important risk factor for depression, as well as age. Similarly, gender also plays a great role in this differential risk addition. Other risk factors are experiencing negative life events and lack of social support.
- **Mania** involves people becoming euphoric, extremely active, excessively talkative, and easily distractible.
- **Bipolar and related Disorder** Some of the examples of Bipolar disorders are Bipolar – I, Bipolar – II and Cyclothymic disorder. Bipolar – I s a disorder in which both mania and depression are alternately present, and are sometimes interrupted by periods of normal mood. Earlier Bipolar mood disorder is known as manic- depressive disorder.

Suicidal behaviour indicates difficulites in problem solving, stress management and emotional expression. Suicidal thoughts leads to suicidal action and these thoughts need to be identified and ramification the stress is very important in prevention.

Some of the measures by WHO in spreading awareness about the suicide are

- Limitting access to the means of suicide.
- Reporting of suicide by media in a responsible way.
- Making strict policies on Alcohol and other drugs.
- Early identification and treatment and providing care to the people.
- Training health workers in assessment and managing for suicide.
- Care for people who attempted to suicide and providing community support.

Identifying the students in distress should be taken seriously such as.

- Lack of interest in common activities.
- Declining grades
- Decreasing effort
- Misbehaviour in the classroom
- Mysterious or repeated absence
- Smoking or drinking or drug abuse.

Strengthening students' self-esteem positive self –esteem is very important to face the distress and adversity. In order to inculcate the positive self-esteem among the children we need to follow the below mentioned approaches.

Increasing self-confidence with support of positive life experiences, It will be helpful in developing positive self-identity.

Creating and providing the opportunities to children to develop physical, social and vocational skills.

Building a healthy communication and making the entire teaching and learning process flexible.

Goals for the students should be specific, measurable and achievable with in time.

Schizophrenic Disorders are the descriptive term for a group of psychotic disorders in which personal, social and occupational functioning deteriorate as a result of a disturbed thought process, unusual emotional states and motor abnormalities.

The symptoms of schizophrenia can be grouped into three categories.

- **Positive symptoms** – They are pathological excesses or bizarre additions to a person's behaviour. They include delusions, which are false beliefs that are firmly held on inadequate grounds and are not affected by rational argument, and have no basis in reality.
  1. Delusions of persecution are the most common in schizophrenia, where people believe they are being plotted against, spied on, slandered, etc.
  2. Delusions of reference are those where they attach special and personal meaning to the actions of others or to objects and events.
  3. Delusions of grandeur involve people believing themselves to be specially empowered persons.
  4. Delusions of control involve people believing that their feelings, thoughts and actions are controlled by others.

  People with schizophrenia may not be able to think logically and may speak in peculiar ways. These formal thought disorders include loosening of associations and derailment (normal structure of thinking is muddled and illogical), neologisms (inventing new words or phrases) and perseveration (persistent and inappropriate repetition of the same thoughts.

  Schizophrenics may have hallucinations which are perceptions that occur in the absence of external stimuli.

  1. Auditory hallucinations are most common in schizophrenia. Patients hear sounds that speak directly to the patient (second person hallucination) or talk to one another referring to the patient as the third person (third person hallucination).
  2. Tactile hallucinations involve forms of tingling or burning.
  3. Somatic hallucinations involve something happening inside one's body, like a snake in the stomach.
  4. Visual hallucinations
  5. Gustatory hallucinations involve food or drink tasting strange.
  6. Olfactory hallucinations involve the smell of poison or smoke.

  People with schizophrenia also show inappropriate affect, which refers to emotions that are unsuited to the situation.

- **Negative symptoms –** They are pathological deficits and include poverty of speech (alogia), blunted and flat effect of emotions, avolition (apathy and inability to start or complete a course of action) and social withdrawal.
- **Psychomotor symptoms** – They move less spontaneously and make odd grimaces and gestures. These symptoms may take extreme forms known as catatonia.
  1. Catatonic Stupor involves motionlessness and silence for long stretches of time.
  2. Catatonic Rigidity involves maintaining a rigid, upright posture for hours.
  3. Catatonic Posturing involves assuming awkward, bizarre positions for long periods of time.

Subtypes of schizophrenia are as follows:

- **Paranoid schizophrenia** – Preoccupation with delusions or auditory hallucinations, no disorganized speech or behavior or inappropriate affect.
- **Disorganised schizophrenia** – Disorganised speech and behavior, inappropriate or flat affect, no catatonic symptoms.
- **Catatonic schizophrenia** – Extreme motor immobility, excessive motor inactivity, extreme negativism or mutism.
- **Undifferentiated schizophrenia** – Does not fit any of the subtypes but meets symptom criteria.
- **Residual schizophrenia** – Has experienced at least one episode of schizophrenia, no positive symptoms but shows negative symptoms.

Neurodevelopmental disorders

Attention-Deficit Hyperactive Disorder (ADHD) has two main features, inattention and hyperactivity-impulsivity. Children who are inattentive find it difficult to sustain mental effort during work or play. Children who are impulsive seem to be unable to control their immediate reactions or to think before they act. Hyperactivity includes constant motion, inability to sit still. Boys are four times more likely to be given the diagnosis of ADHD than girls.

Autistic disorder is a pervasive developmental disorder where children have marked difficulties in social interaction and communication, a restricted range of interests and a strong desire for routine. These children have narrow patterns of interests and repetitive behaviours such as lining up objects or stereotyped body movements (rocking). These motor movements may be self-stimulatory or self-injurious.

Specific learning disorder (often referred to as learning disorder or learning disability) is a neurodevelopmental disorder that begins during school-age, although may not be recognized until adulthood. Learning disabilities refers to ongoing problems in one of three areas, reading, writing and math, which are foundational to one's ability to learn. Dyslexia, Dyscalculia, Dysgraphia.

Intellectual disability refers to significantly sub average intellectual functioning which is existing concurrently with deficits in adaptive behavior during the developmental period. It is often referred with below 70 IQ level.

Disruptive-impulsive control disorder

- **Oppositional Defiant Disorder** displays age-inappropriate amounts of stubbornness, irritability, defiance, disobedience and hostility.
- **Conduct Disorder** refers to aggressive actions that cause or harm people or animals, non-aggressive conduct that causes property damage, or serious rule violations.
- Children may show different types of aggressive behavior such as verbal aggression, physical aggression, hostile aggression (directed at inflicting injury to others) and proactive aggression (dominating and bullying others without provocation).

Anorexia nervosa involves a distorted body image that leads the patient to see themselves as overweight. Often refusing to eat, exercising compulsively and developing unusual habits such as refusing to eat in front of others, the anorexic may lose large amounts of weight and even starve himself/herself to death.

Bulimia nervosa involves excessive intake of food, followed by purging through laxatives or diuretics or by self-induced vomiting. The person often feels disgusted and ashamed when s/he binges and is relieved of tension and negative emotions after purging.

Binge eating involves frequent episodes of out of control eating.

Mental retardation refers to below average intellectual functioning (IQ below 70) and deficits or impairments in adaptive behavior (communication, self-care, home living, social and interpersonal skills, etc) which are manifested before 18 years.

Substance abuse disorders are disorders relating to maladaptive behaviours resulting from regular and consistent use of the substance involved. In substance abuse, there are recurrent and significant adverse consequences related to the use of substances. People who regularly ingest the substance usually damage their family and social relationships, perform poorly at work and create physical hazards.

Substance dependence disorders involve an intense craving for the substance to which the person is addicted, and the person shows tolerance (person has to use increased amounts of the substance to get the same effect), withdrawal symptoms (physical symptoms that occur when a person stops or cuts down on the use of a psychoactive substance) and compulsive drug taking.

Alcohol abuse and dependence involves drinking large amounts of alcohol regularly and relying on it to face difficult situations. For many people, the pattern of alcohol abuse extends to dependence (their bodies build up a tolerance for alcohol and they need to drink even greater amounts to feel its effects) and they also experience withdrawal responses when they stop drinking.

Alcoholic beverages contain ethyl alcohol, which is absorbed into the blood and carried to the Cenrtal nervous system where it slows down functioning.

It slows down those areas of the brain that control judgement and inhibition. As alcohol is absorbed, it affects other areas of the brain.

Motor difficulties increase.

Heroin abuse and dependence involves the development of a dependence on heroin, revolving lives around the substance, building up a tolerance for it and experiencing a withdrawal reaction when ceasing to use the substance. The most direct danger of heroin abuse is an overdose that slows down the respiratory center in the brain, almost paralyzing breathing and in many cases causing death.

Cocaine abuse and dependence involves problems in short term memory and attention. Dependence may develop, so that cocaine dominates a person's life, and more of the drug is needed to get the desired effect.