INDIAN SCHOOL MUSCAT

Senior Section

Department of Commerce and Humanities

Class : 12

SOLVED SUPPORT MATERIAL

Chapter:4 Psychological Disorders

Reference: NCERT Text Book

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PSYCHOLOGY (037)

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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.

- **Supernatural or Magical forces Approach** – Exorcism (removing the evil that resides in the individual through countermagic 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 behavior.
- **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 behavior 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 behavior.
- The Renaissance Period was marked by increased humanism and curiosity about behavior. Johann Weyer emphasized psychological conflict and disturbed interpersonal relationships as causes of psychological disorders.
- The Age of Reason and Enlightenment (17^{th} and 18^{th} 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 18^{th} 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.

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

- **Psychodynamic model** – It follows the view that behavior, 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.

- **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.
- **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 behavior is best understood in light of the social and cultural forces that influence an individual. As behavior 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.
- **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.

- **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 a particular stimuli are present.
- **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.
- **Obsessive Compulsive 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 behavior 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 behavior is the need to perform certain behaviours again and again.
- **Post Traumatic Stress Disorder** – Symptoms vary widely but many include recurrent dreams, flashbacks, impaired concentration and emotional numbing.

Somatoform 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.

- **Pain disorders** involve extreme pain, either without any identifiable biological symptoms or greatly in excess of what might be expected to accompany biological symptoms. How people interpret pain influences their overall adjustment.
- **Somatisation disorders** involve multiple and recurrent or chronic bodily complaints. These complaints are likely to be presented in a dramatic and exaggerated way.
- **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.
- **Hypochondriasis** is diagnosed if a person has a persistent belief that he/she has a serious illness, despite medical assurance, lack of physical evidence and failure to develop symptoms. Hypochondriacs have an obsessive preoccupation and concern with the condition and functioning of their bodily organs, and continually worry about their health.

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.
- **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.
- **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.

Mood Disorders are characterized by disturbances in mood or prolonged emotional state.

- **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 Mood Disorder** is a disorder in which both mania and depression are alternately present, and are sometimes interrupted by periods of normal mood.

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.

Externalising Disorders:

- **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).

Internalising Disorders include **Separation Anxiety Disorder** (unique to children) and **Depression.**

Pervasive Developmental Disorders are characterized by severe and widespread impairments in social interaction and communication skills, and stereotyped patterns of behaviours, interests and activities.

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.

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.

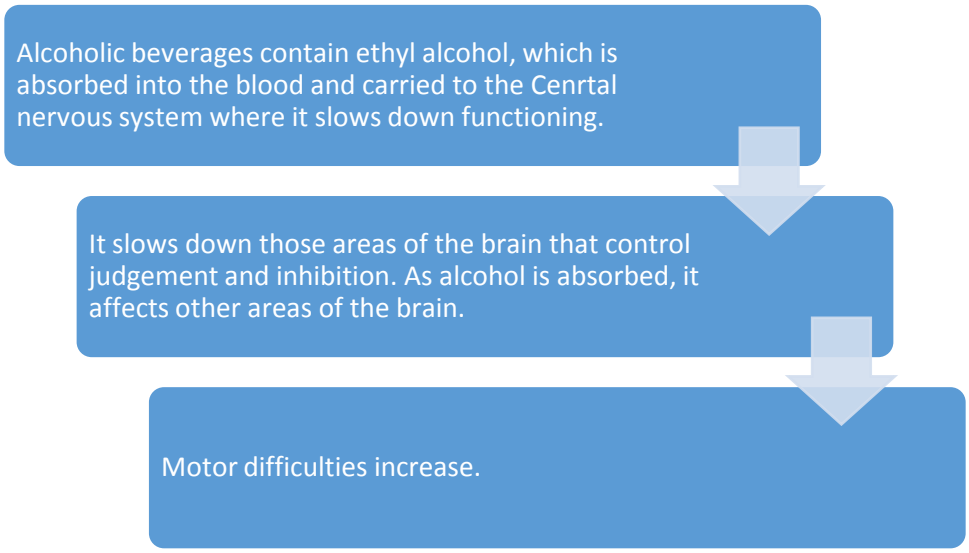
Binge eating involves frequent episodes of out of control eating.

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 widthrawal responses when they stop drinking.



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.