

Psychological Disorders

Psychological **disorders** are commonly represented by **4 Ds**:

Deviance- Deviant behaviour – different, extreme, unusual, even bizarre)

Distressing- Unpleasant, Upsetting to the person and the others

Dysfunctional- Interfering with a person's ability to carry out day to day activities in a constructive way.

Dangerous- to himself or others

1. **Why there is no ideal/normal model on human behaviour to use as a reference for studying Normal & Abnormal behaviours?**
2. Because there are conflicting views about these defining normal/abnormal behaviours.
3. The first approach views abnormal behaviour as a **deviation from social norms**. Each society has certain norms that are stated or unstated rules of conduct. Behaviours, thoughts and emotions that break societal norms are called abnormal.
4. the second approach views abnormal behaviours as **maladaptive**. Many psychologists believe best criterion for determining the normal behaviour is not whether your society accepts it, but whether it **fosters the well-being of the individual** and of the group where he /she belongs.

And **Well- being is not** simply **maintenance and survival** but also **includes growth and fulfilment** (as defined by Maslow's need hierarchy).

History of Psychological disorders:

Ancient times:

Supernatural: These disorders were attributed to the operation of Supernatural, magical forces (evil spirits, devil). Exorcism, counter magic, prayers were practised to cure.

Biological approach: People behave abnormal because their bodies and brains are not functioning normally.

Psychological: inadequacies in the way an individual feels, thinks, perceives the world.

Organismic: 4 body fluids imbalance: blood, black bile, yellow bile, phlegm.

Middle Ages: Demonology & superstitions gained renewed importance.

Renaissance Period: (15th/15th century) emphasised Psychological conflicts – disturbed interpersonal relationships conflicts and not witches.

17th/18th centuries: Age of reason & enlightenment. Recognised these disorders as medical state and applied scientific attitude towards them to develop empathy, care towards such people and cure them. Asylums and reform centres were created.

Factors underlying normal/abnormal behaviour:

Biological factors: These factors influence all aspects of behaviour. Faulty genes, endocrine imbalances, malnutrition, injuries and other conditions may interfere with normal development and functioning of the human body.

Psychological disorders are often related to problems in transmission of messages from one neuron to other. When an electrical impulse reaches neuron's ending, the nerve ending is stimulated to release a chemical called neurotransmitter.

Abnormal activity in releasing these neurotransmitters can lead to specific psychological disorders.

Low activity of neurotransmitter aminobutyric acid (GABA) leads to Anxiety disorder.

Access activity of dopamine can cause schizophrenia.

Low activity of serotonin leads to depression.

Genetic factors: are linked to mood disorders, schizophrenia, depression, anxiety, mental retardation and other disorders. It is not proved that there is a specific gene that causes disorders, in fact it is a combination of genes which are responsible. Also there is a sound evidence that genes are responsible for all such psychological disorders, but these are not the only factors.

Psychological model (psychological and interpersonal factors)-

Have significant role in causing mental disorders and abnormal behaviour. These factors include maternal deprivation (separation from mother or lack of warmth during early years), faulty parent-child relationships (rejection, overprotection, permissiveness, faulty discipline) maladaptive family (inadequate or disturbed family), severe stress.

- **Psychodynamic Model– Freud theory**

Is the oldest and most famous model in psychology. This model describes that person's behaviour normal or abnormal is determined by psychological forces within which a person is consciously unaware of. As **Freud's theory, it is a conflict between the Id, Ego and Superego.**

- **Behavioural model-** Psychological disorders are the result of **learning of maladaptive ways of behaving.** This model concentrates on the **behaviours that are learned through conditioning** and can also be unlearned. Learning can take place by **classical conditioning** (2 events occur close together in time), **operant conditioning** (behaviour followed by reward).
- **Cognitive Model:** This model states that abnormal functioning can **result from cognitive problems.** People may hold **assumptions about themselves that are irrational and inaccurate.** They may draw assumptions from a past negative event and over generalise and extend to situations in future.

Humanistic- existential model- focuses on broader aspects of human existence. It believes that **human beings are born with a natural tendency to be friendly (social beings), cooperative, constructive and are driven to self-actualization.** i.e. to fulfil this potential for goodness and growth. **Those who shirk from responsibility live empty, inauthentic and dysfunctional lives.**

Socio- culture factors– social and cultural forces that influence the human beings. **Family structure, communication, social network, societal conditions, war and violence.**

Diathesis Stress model– Diathesis (**biological predisposition to disorder**) is set off by a stressful situation. This model has three components.

1. Presence of **biological aberration**, may be inherited.
2. **Vulnerability** to develop a **psychological disorder.**
3. Presence of **pathogenic stressor**, leading to psychopathy.

Such people can develop disorders including **anxiety, schizophrenia and depression.**

Types of Disorders

Anxiety Disorders

Anxiety is usually defined as a diffuse, vague, very unpleasant feeling of fear and apprehension.

Symptoms are: rapid heart rate, shortness of breath, diarrhoea, loss of appetite, fainting, dizziness, sweating, sleeplessness, frequent urination and tremors.

Anxiety is of many types:

1. **Generalized anxiety disorder:** this consists of prolonged, vague, unexplained and intense fear which are **not attached to any particular object or person.**

Symptoms: worry, apprehensive feeling about future, hypervigilance that involves **constantly scanning the environment for dangers.**

1. **Panic disorder: recurrent anxiety attacks,** feeling **intense terror.** A panic attack denotes an abrupt of intense anxiety rising to a peak when thoughts of a **particular stimuli are present.**

Symptoms: shortness of breath, dizziness, trembling, palpitations, choking, nausea, chest pain or discomfort, fear of going crazy, losing control or dying.

1. **Phobias:** People with phobia have irrational fear related to a specific object, people or situations. Phobia often develops gradually, starts with a general anxiety disorder. E.g. people scared to climb heights, afraid of deep waters, in an elevator. Can be grouped **into 3 types.**

Specific phobia, social phobia, agoraphobia.

Specific Phobia– most common. **Includes irrational fears of a certain animal, or being in an enclosed space.**

Social Phobia– **Intense and incapacitating** fear and embarrassment when **dealing with other characters.**

Agoraphobia– is when people develop a fear of entering **unfamiliar situations.** Or sometimes afraid of entering their home.

1. **Obsessive compulsive disorder**- unable to control their preoccupation with specific ideas or unable to prevent themselves from repeating a particular act/series of acts that affect their ability to carry out normal activities.

Obsessive: is when you cannot stop thinking about an idea or a topic, generally unpleasant or shameful.

Compulsive: is the urge to repeat/perform certain behaviours/acts over and over again. E.g. counting a bundle, order checking, washing hands repeatedly.

1. **Post-traumatic stress disorder**- Very rarely when some people have been caught in a natural disaster, floods, earthquakes, tsunamis, war, terrorist attack, major accident etc. experience this disorder.

Symptoms- dreams, flashbacks, impaired concentration and emotional numbing.

Somatoform Disorder:

These are conditions, where there are physical symptoms despite no/absence of any physical disease.

In this the individual has physical difficulties but complains of physical symptoms, for which there is no biological cause.

These disorders include:

Pain Disorder, somatization, conversion and hypochondriasis

Pain Disorder- report extreme and incapacitating pain without any identifiable biological symptoms. There are two methods to address this:

1. **Active coping**– Remaining active and ignoring the pain.
2. **Passive coping**– Reduced activity and social withdrawal.

Somatization disorder- people with multiple, recurrent or chronic bodily complaints. They tend to present their complaints in an **exaggerated or dramatic way**.

e.g. headaches, fatigue, heart palpitations, fainting spells, vomiting and allergies. People with this disorder believe that they are sick, provide long history of their illness and consume large quantities of medicines.

Conversion disorder- symptoms are **reported loss of part or all of some basic body functions**. Paralysis, blindness, deafness and difficulty in walking are the generally reported symptoms **after a sudden stressful/traumatic experience**.

Hypochondriasis- is diagnosed if a person has a persistent belief that s/he is **suffering from a serious illness, despite medical reassurance, lack of physical findings**.

Hypochondriacs have an obsessive preoccupation and concern with the condition of their bodily organs and they continuously worry about their health.

Dissociative Disorders-

Dissociation can be viewed as **severance** of the connections **between ideas and emotions**. It involves **feeling** of unreality, **estrangement, depersonalization** and loss or shift of identity.

They are of 4 categories:

1. **Dissociative Amnesia**: Extensive but selective memory loss that has no known organic cause like head injury or anything due to overwhelming stress.

Symptoms- inability to remember the past or specific people, events, places, names.

1. **Dissociative fugue**: due to unexpected travel away from home or workplace, people sometimes assume new identity and inability to recall the previous identity. The fugue usually ends when a person returns to regular life or wakes up.
2. **Dissociative identity disorder**: often referred to as **multiple personalities** is the most dramatic of these disorders. It is often associated with traumatic experiences in childhood.

3. **Depersonalization:** Involves a **dreamlike state** in which the person has a sense of being **separated from self** and reality both.

Mood Disorder

Disturbance in mood or prolonged emotional state. Main type of mood disorders include: depressive, manic and bipolar disorders.

1. **Depressive disorder:** The most common mood disorder is depression. Factors that disposition towards depression could be majorly genetic, heredity. Age and gender are also factors. Eg. Women are more susceptible during young adulthood and men during middle age.

Symptoms: Depicts depressed mood or loss of interest or pleasure in most activities, together with symptoms which include change in body weight, constant sleep problems, tiredness, inability to think clearly, agitation, greatly slowed behaviour. At times even thoughts of death and suicide. Feeling of worthlessness or excessive guilt.

1. Mania: Maniac episodes rarely appear by themselves, they usually alternate with depression.

Symptoms: People suffering from mania become euphoric, extremely active, excessively talkative and easily distractible.

1. Bipolar: When mania and depression alternately appear, sometimes they are interrupted by periods of normal mood. This is referred to as bipolar mood disorder, earlier referred as maniac – depressive disorder.

Symptoms: Suicide attempt is the highest. Several risk factors influence this behaviour- mental disorder, age, gender, ethnicity (Japanese), recent occurrence of serious life events.

Teenagers and those over 70 years are more at risk. Men contemplate suicide attempt more than women.

Q: How can suicides be prevented?

A: Suicides can be prevented by staying alert to some of the symptoms which include:

- Changing in eating and sleeping habits.
- Withdrawal from friends, family and regular activities.
- Violent actions, rebellious behaviour, running away.
- Drug and alcohol
- Marked personality change
- Persistent boredom
- Difficulty in concentration
- Complaints about physical symptoms
- Loss of interest in pleasurable activities.

Paying attention to such symptoms and seeking timely help by professional counsellor/psychologist can help to prevent the likelihood of suicide.

Schizophrenia Disorders

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

Symptoms: can be grouped into 3 categories- Positive (i.e. excesses of thought, emotion and behaviour), Negative (deficit of thought, emotion and behaviour) and psychomotor symptoms.

1. **Positive Symptoms:** pathological excesses or bizarre additions to a person's behaviour.

Symptoms: Delusions, disorganized thinking and speech, heightened perception and hallucinations.

Q: What are Delusions:

Delusions – false belief that is firmly held on inadequate grounds.

Delusions of persecution- They believe plotted against, spied on, slandered, threatened, attacked or deliberately victimized.

Delusions of reference- in which they attach personal meaning to the actions, objects and events

Delusions of grandeur-They believe themselves to be specially empowered.

Delusions of control- They believe their thoughts, feelings and actions are controlled by others.

Q: What are Hallucinations?

A: Perceptions that occur in absence of external stimuli.

They are of several types-

Auditory Hallucinations: Patients hear sounds or voices that speak directly to them.

Tactile Hallucinations: Tingling, burning sensations.

Somatic: Something happening inside the body, such as snake crawling inside stomach.

Visual: Distinct visions of people and objects.

Gustatory: Food or drink taste strange.

Olfactory: Smell of poison or smoke.

1. **Negative symptoms:** are pathological deficits and include **Alogia**(reduction in speech content or poverty of speech), **Blunted effect**– Less expression of sadness, joy, anger and other feelings.

Flat effect- No emotions and feelings

Loss of volition- Apathy or inability to start or complete any work.

Social withdrawal- become focused on their own ideas and fantasies.

1. **Psychomotor symptoms:** Less spontaneous, make odd grimaces and gestures. Types:

Catatonic stupor: remain motionless and silent for long durations.

Catatonic rigidity: maintain a rigid upright posture for hours.

Catatonic posturing: assuming odd, awkward positions.

Behavioural and Developmental disorders:

These disorders are specific to children and if neglected can lead to serious consequences later in life.

Why Children: Children have less self-understanding and they have not developed a stable sense of identity. Nor do they have adequate frame of reference regarding reality, possibility and value. As a result they cannot cope with the stressful events effectively and hence it reflects in their behaviour and impacts their development.

Other childhood disorders:

Pervasive Developmental Disorders: in addition children may also suffer from more serious developmental disorder called Pervasive Developmental Disorders.

Autistic Disorder (Autism)- These children have marked difficulties in social interaction, sharing emotions, communication skills, interests in activities. 70% of autistic children have chances of being mentally retarded. Such children may reflect repetitive behaviours such as lining up objects or stereotyped body movements such as rocking. These movements are self stimulatory.

Eating Disorder:

Anorexia nervosa– Individual has a distorted body self-image and may think s/he is overweight. Hence avoid eating, starve and over exercise compulsively to lose weight.

Bulimia Nervosa; Individuals eat excessive amounts of food. Then purge with help of eating medicines like laxatives or diuretics or by vomiting.

Binge eating: There are frequent episodes of out of control eating.

Substance use disorders:

Substance dependence – Intense craving, withdrawal symptoms, compulsive drug/alcohol intake.

Substance abuse- There are recurrent and adverse consequences of taking these substances and damage their social, family relationships and performance at work.

Alcohol impact:

- All alcohol beverages contain Ethyl Alcohol.

- This chemical is absorbed in the blood and carried into the central nervous system and spinal cord.
- It depresses those areas in the brain that control judgement, inhibition.
- People become talkative, friendly, lose inhibitions and feel more confident and happy.
- They also become more emotional, loud and aggressive.
- Speech becomes unclear, memory falters and physical movements can become unsteady.

Therefore drinking and driving is not allowed under laws.

Intellectual disability: People with IQ less than 70 show deficit or impairment in adaptive behaviour. Lower functional, academic skills.

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