

Human being's necessities, expectations, aspirations are unlimited, while the medium for satisfying them are very limited. Humans in their life on and off experience contradictory situations like happy-unhappy, rise-fall, defeat-win etc. In sad and contradictory situations that are in contrast to our expectations, a person loses his control on his emotions and feelings as well as natural and normal behaviour.

Abnormal psychology studies the abnormalities seen in the behaviour of an individual, in which the causes for the abnormal behaviour and its treatment are shown. At global level WHO is associated with physical health. In the same way APA 'American Psychiatric Association' is also associated with the diagnosis and treatment of mental disorders. In recent times, psychological disorders are classified according to their symptoms and time duration. In this chapter, we will seek information about the classification of the diseases and also about the biological, social and psychological factors responsible for the mental disorders.

### 1. What is Abnormal Behaviour ?

#### Definitions :

In order to understand the abnormal behaviour, firstly we need to understand the meaning of normal and abnormal.

The word 'normal' has come from the Latin word, 'norma', which means the carpenter's measure tap. A carpenter's measure tap is an ideal measuring instrument, the measurement of which is considered perfect. So we can say that ideal situation of the uniformly accepted norms is known as normal.

$$\begin{array}{ccccccc} \text{Abnormal} & = & \text{Ab} & + & \text{Normal} \\ & & \downarrow & & \downarrow \\ & & \text{away from} & + & \text{normal} \end{array}$$

So, "Abnormal means away from the normal".

It is difficult to specifically say that which behaviour is normal and which is abnormal as the concept of normal or abnormal varies in relation to age, caste, sex, society etc. e.g., small child when loses his pencil becomes violent, cries loudly and becomes adamant, is to some extent normal, but if a 25 years old when loses his pen does the same behaviour can be considered abnormal. Usually behaviour that is according to society, culture and age is corresponding the social norms and social expectations and also adjusted to its environment is known as a normal behaviour. Opposite of that, behaviour which is contrast to social norms and social expectations and maladjusted is known as abnormal behaviour.

Abnormal behaviour means deviated from the clearly defined norms, which cannot be considered as a representative of normal behaviour.

**- Warren**

Abnormal behaviour is defective, unexpected, illogical, not appropriate and harmful. A person who behaves in such a way put himself/herself and others in trouble.

**- James Page**

A behaviour which is low in moral values is known as abnormal behaviour.

**- J.C. Coleman**

From the above definitions the universally accepted definition is as under.

Abnormal behaviour is different from the norms decided by the society, unacceptable and creates problems in the social dealings and adjustment.

## 2. Classification :

Healthy society can be created by healthy persons. A person also behaves in a socially acceptable manner and having a normal behaviour is considered as a sign of a healthy person. Some years ago in the definition of health, only physical health was included, but in modern time physically, psychologically and socially healthy person is known as a healthy person.

At international level various organizations are associated with the classification of mental disorders.

(i) WHO (World Health Organization)

(ii) APA (American Psychiatric Association)

The classification given by WHO is known as ICD (International Classification of Disease) and classification published by APA is known as DSM (Diagnostic and Statistical Manual of Mental Disorder).

Both ICD and DSM are helpful internationally for classifying the diseases on the basis of their symptoms and also for providing proper diagnosis. In 1948 the ICD-6 was published by 'WHO', in which first time classification of mental disorders along with the physical disorders was provided. In 1952 the first edition of DSM(DSM-I) was published by APA. The new editions of DSM published till today are shown below :

DSM - editions	Published year
DSM - I	1952
DSM - II	1968
DSM - III	1980
DSM - III - R (DSM-III - Revision)	1987
DSM - IV	1994
DSM - IV TR (DSN - IV Text Revise)	2000
DSM - V	2013

### Extra Information

#### DSM-V Classification

Neurodevelopment Disorders	ચેતાતંતુનાં વિકાસ સાથે સંબંધિત વિકૃતિઓ
i. Intellectual Disabilities	i. બૌદ્ધિક અક્ષમતા
ii. Communication Disorder	ii. સંદેશાવ્યવહારની વિકૃતિ
iii. Autism Spectrum Disorder	iii. આત્મરતિ (ઓટિઝમ)
iv. Attention - Deficit, Hyperactivity Disorder	iv. ધ્યાન કેન્દ્રિકરણની અક્ષમતા, અતિ ક્રિયાશીલતાની વિકૃતિ
v. Special Learning Disorder	v. શીખવાની/શિક્ષણની વિશિષ્ટ વિકૃતિ
vi. Motor Disorders	vi. કાર્યાત્મક વિકૃતિઓ
vii. Other Neurodevelopment Disorders	vii. ચેતાતંતુઓના વિકાસ સાથે સંકળાયેલ અન્ય વિકૃતિઓ

<b>Schizophrenia Spectrum and other Psychotic Disorders</b>	છિન્ન મનોવિકૃતિ અને મનોરોગ સંબંધી અન્ય વિકૃતિ
Catatonia	કેટેટોનીઆ
Bipolar and Related Disorders	દ્વિધ્રુવીય અને સંબંધિત વિકૃતિઓ
Depressive Disorders	ખિન્નતાજન્ય વિકૃતિઓ
Anxiety Disorders	ચિંતા વિકૃતિઓ
Obsessive - Compulsive and Related Disorders	અનિવાર્ય મનોક્રિયા દબાણ અને સંબંધિત વિકૃતિઓ
Trauma and Stressor Related Disorders	આઘાત અને મનોભારક સંબંધિત વિકૃતિઓ
Dissociative Disorders	વિઘટનાત્મક વિકૃતિઓ
Somatic - Symptom and Related Disorders	દૈહિક લક્ષણો અને સંબંધિત વિકૃતિઓ
Feeding and Eating Disorders	સ્તનપાન અને આહારની વિકૃતિઓ
Elimination Disorders	નિષ્કાસન (મળત્યાગ) વિકૃતિઓ
Sleep Wake Disorders	નિદ્રા સચેતતાની વિકૃતિઓ
Breathing Related Sleep Disorders	શ્વાસોશ્વાસ સંબંધી નિદ્રાની વિકૃતિઓ
Parasomnias	પેરાસોમનીઆ
Sexual Dysfunctions	જાતીય અપક્રિયાઓ
Gender Dysphoria	લૈંગિક અસાધારણ ખિન્નતા
Disruptive, Impulse Control and Conduct Disorders	વિધ્વસંક, ઉત્તેજના નિયંત્રણ અને આચરણની વિકૃતિઓ
Substance - Related and Addictive Disorders	દ્રવ્ય સંબંધિત અને અન્ય વ્યસન વિકૃતિઓ
Neurocognitive Disorders	મજજા બોધાત્મક વિકૃતિઓ
Personality Disorders	વ્યક્તિત્વ વિકૃતિઓ
Paraphilic Disorders	અપક્રામુક વિકૃતિઓ
Other mental Disorders	અન્ય માનસિક વિકૃતિઓ

#### DSM - I Models of Abnormal Behaviour :

Many psychologists have conducted researches on how abnormal behaviour emerges. And by keeping in the centre the special symptoms of abnormal behaviour, its causes and treatment based on these researches, models describing the explanation of abnormal behaviour are given in psychology :

- (1) Bio1ogical Models
- (2) Psychological Models :
  - (i) Psychoanalytical Model
  - (ii) Behaviouristic Model
  - (iii) Cognitive Model



## **1. Biological Model :**

This model considered central nervous system, heredity, brain pathology and bio-chemical imbalance responsible for the abnormal behaviour.

The model is also known as 'Medical Model' or 'Disease Model'.

The excessive and normal functioning of central nervous system affects the behaviour of an individual. Central nervous system includes brain and spinal cord. The base for the cognitive and mental functions is brain. So in case of injury in brain abnormal behaviour can be produced.

For abnormal behaviour the direction of nerve cell and neurotransmitter is also responsible. Usually, instead of travelling from one neuron to the other, the nerve impulse come back to the same neuron which is known as reuptake. This neurotransmitter imbalance can result in abnormal behaviour.

To some extent heredity is an important causal factor for abnormal behaviour. The genes inherited by the parents transmit the heredity; in which along with the physical characteristics, psychological disorders or abnormalities are also transmitted. Paykel (1982) carried out the study on depression and proved the importance of heredity in abnormal behaviour. Neil & Olta- Mannas (1980) showed that schizophrenia is a behaviour which is inherited. Mental retardation is also a genetically transmitted mental deficiency. The studies conducted by Coleman shows that if parents are having abnormal behaviour or suffering from some disorder then probability of having similar kind of abnormalities in blood relation increases. The probability of abnormal behaviour in the identical twins is more as compared to fraternal twins. If one of the child from identical twins is suffering from manic- depressive disorder there is 95.7% probability of having the same problem in the other child. It indicates the strength of the heredity factor.

The defective genes affect the endocrine glands, metabolism process and enzymes (pair of genes No. 13, 17 and 21). Due to deficiency or shortcoming of thyroxine hormone secreted from the thyroid gland, the mental retardation known as "Cretinism" occurs. The abnormality of the hormone of the adrenal gland, which is responsible for the responses to emotions, can produce some mental disorders. Because of the presence to enzymes, the chemical processes accelerate, its deficiency can have negative impact on the metabolism process. Obstacle in the metabolism process of the brain can cause mental disorders like epilepsy and phenyl pyruvic oligophrenia.

Modern biological model give more importance to bio chemical processes and brain functions along with heredity. For paralysis, delusion, Alzheimer's disease, memory loss etc. brain dysfunction is responsible.

In our body dopamine, nor-epinephrine, serotonin, GABA etc. bio- chemicals are present. The irregularity of these chemicals causes abnormal behaviour and mental disorders. e.g., change in the amount of dopamine can cause schizophrenia. Changes in GABA is responsible for anxiety disorders. Serotonin plays an important role in combat and emotional disorders.

## **2. Psychological Model :**

In psychological model studies regarding the responsible factors for abnormal behaviour like personality factors, traumatic experiences and the childhood experiences are conducted. As a result of an effort to

understand abnormal behaviour different approaches of psychology came into existence. Important models are as under:

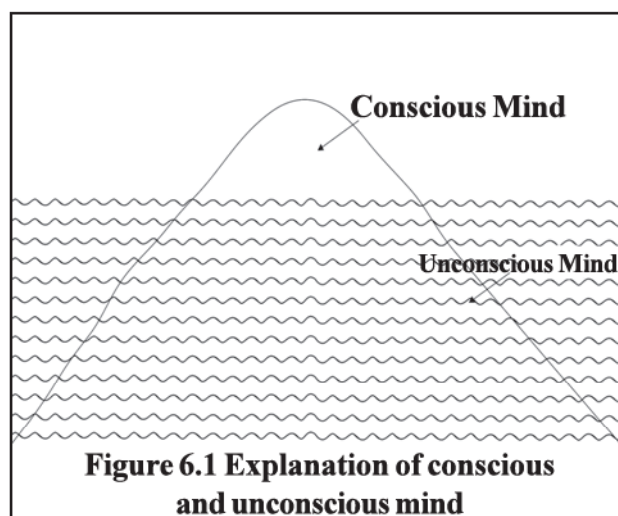
- (I) Psychoanalytical Model
- (II) Behavioural Model
- (III) Cognitive Model
- (IV) Humanistic Model
- (V) Interpersonal Model

#### **(I) Psychoanalytical Model :**

Psychoanalytical model is based on the ideologies of Dr. Sigmund Freud. He gave this model on the basis of his clinical experiences. The main concepts of his model are as under:

##### **(a) Conscious - Unconscious Mind :**

According to Freud the repressed feelings, emotions and bad experiences in the unconscious mind are responsible for abnormal behaviour. He stated that conflicts between conscious, subconscious and unconscious mind lead the individual towards abnormality. Conscious mind is marked with events and experiences of which person is completely aware of. In unconscious mind, repressed feelings which are challenging, sad and insulting are stored. All feelings and emotions which are immoral and socially not acceptable are pushed to the unconscious mind. The individual is not aware about the feelings stored in the unconscious mind.



**Figure 6.1 Explanation of conscious and unconscious mind**

Freud gives the example of an iceberg to explain the concept of conscious and unconscious mind. When we have a look at the floating iceberg in the sea, only a small part of it which is coming out of the water level can be seen and the major part of it remains inside the water. He considered the part of the iceberg which floats inside the water as an 'unconscious mind' and the floating part above the sea level is the 'conscious mind'.

The unconscious material, continuously seeks expression in some or the other way. It comes out in the form of fantasies, dreams, slip of tongue and through abnormal behaviour like (nail biting, involuntary movement of the leg and doing the same activity again and again) or sometimes in the form of diseases.

##### **(b) Id, Ego, Super Ego :**

Freud theorised that a person's behaviour results from the interaction of three key components of the personality, the id, ego and super ego.

The id is the source of instinctual drive and follows pleasure principle.

These drives are of two opposite types :

- Life instinct
- Death instinct

Life instinct is a constructive drive primarily of a sexual nature, which constitutes the libido or Eros, the basic energy of life.

Death instinct is a destructive drive and tend towards aggression, destruction etc. Aggression has two directions - External and Internal. When it is externally directed the behaviour like biting, quarrelling, murder, harm to others etc. occurs. When it is directed internally, the person will harm himself by nail biting, peeling the skin from the fingers etc. In extreme cases it leads to suicide.

Ego is based on reality principle. Consequently, after the first few months of life a second part of the personality, as viewed by Freud, develops the ego. Ego acts as a controller and it is associated with conscious mind. Ego seeks to satisfy an individual's instinctual needs in accordance with reality.

Super ego is associated with idealism and morality. It is related to the rules and regulation of the society, ideals, traditions and customs and beliefs. It distinguishes between right and wrong, proper and improper on the basis of morality. Person whose super ego is properly developed, internal control system develops and moral values become strong.

The inner mental conflict arises because the three subsystems are striving for different goals. These unresolved conflicts lead to mental disorder.

### **(c) Psychosexual stages of development :**

Freud conceptualized five psychosexual stages of development.

- **Oral stage :** This stage is from birth to 2 years of age. During the first two years of life, the mouth is principal erogenous zone. An infant's greatest source of gratification is through sucking, a process necessary for feeding. A child feels pleasure by sucking or putting things in the mouth in this stage.

- **Anal stage :** This stage is from two to three years. The anus provides the major source of pleasurable stimulation. During the time toilet training is going on and rules of cleanliness are taught to the child. The child experiences the feeling of control for the very first time at this stage.

- **Phallic stage :** This stage is from the age of 3 to 6 years. Self-manipulation of genitals provided the major source of pleasure. The 'Oedipus complex' in which male child is attracted to his mother and in 'Electra complex' attraction of a girl to her father develops during this stage.

- **Latency stage :** This stage continues from 6 to 12 years of age. Here sexual motivations recede in importance as a child becomes preoccupied with developing new skills and other abilities.

- **Genital stage :** This stage of development starts from 13 year of age. At this stage the deepest feelings of pleasure come from having sexual relations with the members of opposite sex.

Freud believed that appropriate gratification during each stage is important. If a person is fixated at any level, it leads to the abnormal behaviour. For example a person who is fixated at the oral stage may prone to smoking, alcohol and eating disorders.

### **(d) Anxiety and Defence Mechanism :**

In the model given by Freud anxiety is at the centre. He mentioned three types of anxiety :

- **Realistic Anxiety :**

It is associated with the challenges from the outer environment. It is also known as objective anxiety.

- **Neurotic Anxiety :**

For this type of anxiety mental conflicts and insecurities are responsible, which are extreme in nature. A person having neurotic anxiety is unaware about the causes responsible for anxiety.



### ● **Moral Anxiety :**

Anxiety which is developed when a person is doing activity which hurts the super ego is known as moral anxiety.

Usually a person is continuously trying for finding the ways, facing the environmental challenges and anxiety experienced from that. But when he is incapable of reducing the anxiety by conscious efforts, he unconsciously tries to save the ego from getting hurt. Freud calls it 'defence mechanism'. Projection, rationalization regression etc. are the examples of defence mechanism. Usually many people are using defence mechanism, at different occasions, but its excessive use can produce abnormal behaviour.

So, Freud's psychoanalytic model includes the concept of conscious, unconscious, repression, instincts, id, ego, super ego, stages of psycho-sexual development, anxiety and defence mechanism.

### **(II) Behavioural Model :**

This model was developed by J.B. Watson the promulgator of behaviourism. According to him the normality and abnormality of the behaviour of an individual depends on the environment. An individual learn the behaviour patterns by interacting with the environment, by experience and practice and by the reward given for the reactions given by him. Continuous similar and consistent behaviour patterns formulate a habit. When a person learns maladjusted behaviour patterns from the environment, the abnormal behaviour is produced. If we can change the nature of the learned behaviour patterns, then the maladjusted behaviour can become well-adjusted and normal behaviour can be developed.

The explanation of the question how an individual learn behaviour patterns from his environment is given by two main processes:

#### **1. Classical conditioning**

#### **2. Operant conditioning**

The classical conditioning principal is given by Russian physiologist Evan Petrovich Pavlov. Classical conditioning put stress on the association between stimulus and response. You have already learned the Pavlov's experiment in chapter-2. The natural stimulus, the CS acquires the capacity to elicit biologically adaptive responses through repeated paring with the unconditioned stimulus. Classical conditioning has its own importance in the field of abnormal psychology because many of the physical and emotional responses like anxiety, phobia, sexual arousal, alcoholism or drug dependency are mostly learned by conditioning. For e.g., one can learn a fear of the darkness if fear producing stimuli (such as frightening dreams) occur regularly during conditions of darkness, which produces fear of that situation and then it is associated with the darkness and unknown person, so the stimulus which produces phobia or fear and anxiety are not as fearful as described by the person.

In classical conditioning the unconditioned stimulus (food) and neutral stimulus (bell) were presented in pair, than the conditioning will be strong. But after the presentation of neutral stimulus (bell) the presentation of UCS (food) is delayed then learned conditioning becomes weak or the conditioned response will gradually extinguish, which is known as 'extinction'. For the abnormal behaviour like fear and anxiety this method of extinction is used.

Prof. B.F. Skinner's name is associated with 'Instrumental conditioning' which plays an important role in shaping the behaviour patterns of the children. In this conditioning reinforcement and schedules of reinforcement are in centre. Usually a person is trying to get the positive reinforcement and try to stay away from the punishment. Reinforcement develops the behaviour patterns of an individual. The type of behaviour

which elicits reinforcement becomes firm and the person will behave accordingly.

Skinner tried to explain the adjusted and maladjusted behaviour by the hypothesis of reinforcement and stimulus discrimination. When a person learns to discriminate between two stimuli, then he will be able to adjust with the situation. From the stimulus present, what type of response is to be given to which stimulus and what will be the outcome, understanding of this situation will help the person to get adjusted with the situation while a person who lacks this type of understanding is becoming the victim of maladjustment and gives birth to the abnormal behaviour in long time. From the two stimuli, if a person is able to recognize the maximum useful stimulus and while responding to that stimulus if he gets failure again and again, it will lead to depression.

So behaviourist model by keeping the learning in centre and on the basis of environment and reinforcement gives the explanation of abnormal behaviour.

## **(II) Cognitive Model :**

Behaviourist accepted only those behaviour patterns which we can observe, can be measured and can be tested by others, and only those behaviour patterns are included in the subject matter of psychology. Behaviourist rejected the effect of mental and cognitive processes on the behaviour, because mental and cognitive processes cannot be observed directly. In contrast cognitive model involves the study of basic information processing mechanisms, such as attention and memory, as well as higher mental processes such as thinking, planning and decision making on the behaviour of an individual. The interpretation of the situation is more effective than the situational factors. An individual behaves in the same way he interprets the situation. So, the normality and abnormality of the behaviour depends on the interpretation done by the individual.

In cognitive model more importance is given to information processing. In this processing, how individual comprehend the environmental factors or situations, gave importance to which incidents and retain them in the memory and also how he uses the experiences associated with the incident etc. are included. In this processing three factors are included:

- a) Attention
- b) Memory
- c) Organising structure

### **(a) Attention :**

Many stimuli are present around us that are capable of exciting our sense organs. But it is not possible to give attention to each and every stimulus. From the many stimuli present, focusing one's attention to the selective stimulus is known as selective attention. When the selective attention process is interrupted, many thoughts and excitements are experienced. As a result, the behaviour of an individual becomes maladjusted. One of the causes of psychoses is the obstacle or disturbance in the selective attention process. Gram (1999) and other researchers showed that, in the root of neurotic disorders the obstacle in the selective attention process is responsible. In the patients of depression more attention is given to the negative incidents of life.

### **(b) Memory :**

From the experienced events or situations some are marked in our memory. The type of experiences and events that are retained in the memory of an individual also affects the behaviour of an individual. Abnormality and maladjustment can be seen in the behaviour and also in the interaction with others of those who retain more negative experiences than positive ones in their memory, For e.g., in the patients of depression, the amount of information about negative experiences is more than the information about neutral or positive experiences.



### **(c) Organising structure :**

The experiences are not scattered in the mind of an individual but they are arranged in a pattern or in the organized form. As a result of organized experiences, the specific concept about oneself and one's environment is established. The concept of the self is developed on the basis of experience structure is known as 'self-schema'. Self-schema can be positive and negative in nature. e.g., if a child is accepted by his parents and other members of his family, is appreciated by them and his good qualities are praised, then the positive self-schema like 'I am good' or 'I am wise' develop. Opposite to that if the child is rejected by the parents, being insulted or punished often and continuously making him realise about his mistakes, then negative self-schema like 'I am naughty', 'I am useless' etc. develops. The amount of negative self-schema is more in the people who commit suicide.

Albert Bandura, a learning theorist who developed a cognitive behavioural perspective, places considerable emphasis on the cognitive aspects of learning. Bandura stressed that human beings control their behaviour by internal symbolic process or thoughts. We do not always require external reinforcement to alter our behaviour patterns. With our cognitive abilities, we can solve many problems internally. Human beings have a capacity for self-direction Bandura in 1974 developed 'Self Efficacy theory' by studying the ability of self-direction in an individual.

Attribution theory is an important theory of cognitive model. Attribution simply refers to the process of assigning causes to things that happen. We may attribute causes to external events. For aggressiveness and anti-social abnormal behaviour, external attribution and for the disorders like anxiety, depression, suicide etc. internal attribution is responsible.

The cognitive model gives importance to the perception of the situation or interpretation of experiences. Instead of situation itself the interpretation of the situation decides the intensity of emotions and normality of an individual. We cannot change the situation but by changing the interpretation regarding that situation can be helpful in avoiding the abnormality of behaviour.

So, in cognitive model normality and abnormality of behaviour is shown by studying the mental processes responsible for the behaviour.

### **Causes of Abnormal Behaviour :**

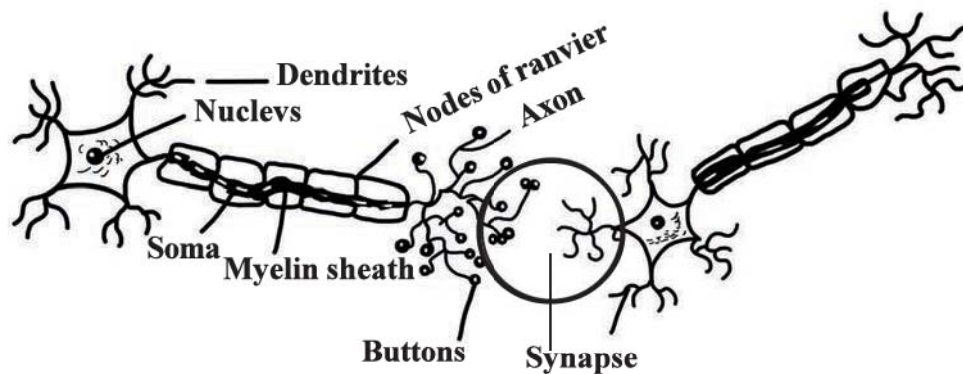
Many causes are responsible for the abnormal behaviour. They are divided into three parts :

- 1) Biological causes
- 2) Psychosocial causes
- 3) Sociocultural causes

#### **1. Biological Causes :**

For abnormal behaviour nerve impulse, synapse (space between two nerve cells), imbalance of endocrinal gland, faulty genes, physical structure, laxity of brain and absence of physical health are responsible.

For the proper coordination of brain and motor functions the role of nervous system is important. Nervous system is made up of cells which are known as 'neuron'. The nerve impulse reaches from sensory organs to brain and then the orders given by the brain reach to the motor organs through neurons. From one neuron the messages and orders reach to the other neuron by nerve impulse. Nerve impulse is electrical chemical process. One neuron is not continuously connected with the other neuron. The space between two neurons is known as synapse. For abnormal behaviour the imbalance of nerve impulse, synapse and the chemicals in them play an important role.



**Figure 6.2 Figure of synapse**

The imbalance of nerve impulse is responsible for mental stress and onset of abnormal behaviour. When the nerve impulse is excited, the special chemical from the nerve fibre enters the synapse due of which abnormal behaviour is produced.

Usually, instead of travelling from one neuron to other, the nerve impulse come back to the same neuron which is known as reuptake. Because of that, possibility of having disorder like depression increases. This process is slowed down by using anti depressive drug like Proz C.

In synapse bio chemicals like dopamine, norepinephrine, serotonin, GABA etc. are present. Imbalance of these chemicals produce abnormal behaviour. Irregularity of dopamine is one of the reasons of psychoses. Norepinephrine plays an important role in reacting to the challenging, dangerous and shocking situations. Because of the imbalance of norepinephrine, possibilities of having trauma disorders, heart problems, paralyses etc. increase. Imbalance of serotonin plays an important role in depression, trauma and emotional disorders. For anxiety disorder the amount of GABA is effective.

The inbalance of endocrine gland is responsible for behaviour disorders, mental retardation and psychosomatic disorders. The shortcoming of 'thyroxin' from thyroid gland causes cretinism. Irregularity of Pancreatic gland can cause psychosomatic disorders like diabetes.

Defect of Adrenal gland which is associated with emotions, can cause abnormal behaviour.

Genes transmit heredity of physical and mental characteristics. Based on intelligence and certain mental disorders also depends on genetic factors.

Commonly in our body we have 46 chromosomes. But instead of 46 if someone is having 47 chromosomes, mental disorder like Down's syndrome can develop. Along with the environment, heredity also plays an important role in the mental disorders like psychosis, alcoholism, substance related dependency, depression etc.

As seen in the classification given by kretschmer and Sheldon endomorphic person are more prone to manic depressive disorder and mesomorphic person are prone to psychosis. The centre of all mental and cognitive ability are in the brain. The injury in the certain part of brain can cause behaviour disorders like memory loss, sleep walking and Alzheimer's disease.

## **2 Psychosocial Causes :**

For abnormal behaviour along with the biological causes psychosocial causes are also responsible. The life experiences, problems, challenges, difficulties etc. play an important role in shaping the behaviour. In psychosocial causes, childhood deprivation or trauma, problems in marriage life, divorced family, improper behaviour of parents etc. are included.

The effects of childhood experiences are lifelong on the mind of an individual. Parents satisfy the needs of their children and provide support, security and warmth. But if parents are unable to do so, then the child will start experiencing abnormal behaviour. The amount of abnormal behaviour is seen more in the children deprived from their parents. Those children who are sexually abused or have become the victim of sexual aggressiveness are more prone to abnormal behaviour. Family provides foundation for socialization. The process of socialization is important in making a child a social person. The beginning of interaction with other people starts from home. If parents are not able to have satisfactory adjustment with others, are not sensitive to others and are trying to take advantage of others, such parents are not able to develop proper socialization in their children. The family background, residence, the number of people in the family etc. factors also affect the normality of the individual.

So the normality of the individual depends on the parents, family, peers, friends, residence or workplace and interaction with other people.

### **3. Sociocultural Causes :**

Sociocultural factors also have an impact on the behaviour and personality of an individual. Every culture has its own rules, traditions and moral values. They affect the child rearing practices, interaction with others, group attitude and their viewpoint about life. The internal weaknesses of society and culture are risking the normality of an individual. The researches based on culture shows that, as compared to eastern culture, the followers of western culture are more prone to abnormal behaviour.

Margaret Mid carried out study on the two tribal communities of New Guinea - Mundugumor and Arapesh, told that due to the different sociocultural environments of the two races living in the same physical environment, the Arapesh caste people are more liberal, calm and cooperative while the people of Mundugamor caste were more speculative, competitive, aggressive and quarrelsome.

The studies conducted by Banner show that as a result of long term unemployment, mentality of depression, frustration, aggressiveness guilt and anti-social personality can be seen.

In this way sociocultural factors influence the normality of behaviour.

### **Major Psychological Disorders :**

Internationally, the classification of mental disorders is given in the DSM. The mental disorders are classified on the basis of their causal factors in DSM.

Here we will study anxiety related disorders, mood disorders and learning related mental disorders.

#### **1. Anxiety Related Disorders :**

Incidentally experiencing anxiety is a common life event. When we are finding difficulty in finishing some work, when the exams are nearby, if we are supposed to take some important decisions of our life, we all experience anxiety. So we can say that anxiety is a common mental experience. When the amount of anxiety crosses the normal level it becomes disorder. A person suffering from anxiety disorder cannot reduce their anxiety. The excessive amount of anxiety creates negative impact on the everyday activity like job and family responsibility, school activities and interpersonal relations.



Now we will discuss the three main anxiety disorders in details :

- i) Generalised Anxiety Disorder
- ii) Phobia
- iii) Obsessive - Compulsive Disorder

### **(I) Generalised Anxiety Disorder :**

Generalised anxiety disorder is also known as "free floating anxiety". In this disorder the person does not experience anxiety in relation to some specific object, experience or situation. In the U.S. population the proportion of this disorder is 3.1%, which means around 6.8 million youngsters are suffering from this disorder. In India also it is in great number. In females this disorder is more common compare to males.

The symptoms of generalised anxiety disorder shown in DSM-V are as under :

- 1) Continuous presence of excessive anxiety regarding any topic, activity or episode for at least six months.
- 2) Lack of control on his/her own anxiety.
- 3) Presence of any three physical and cognitive symptoms from the following :
  - Getting tired easily
  - Problem in concentrating one's attention
  - Physical restlessness
  - Extreme sensitivity
  - Muscular tension
  - Sleep disturbances

In most of the people physical symptoms like, excessive sweating, feeling nauseatic, diarrhoea, shivering, difficulty in breathing, increase in heart rate, having cold on and off, becoming unconscious etc. can be seen. The psychological symptoms of GAD are lack of concentration, worry and apprehension, lack of control on thoughts, sleeplessness, stammering or stuttering and fear of death.

Uncontrolled anxiety experienced by an individual creates obstacles in everyday activities of an individual and individual is not able to fulfil his responsibilities. As a result person is not able to maintain family and business relations and find it difficult to complete the work given in an allotted time.

### **(II) Phobia :**

Fear is an emotion and its experience is universal. Up to some extent every person experiences fear about some or the other situation. e.g., fear of death, fear of natural calamities or fear of failure etc.

At the time when the real situation is fearful the feeling of fear is a common experience, but in the situations that are not so fearful, the experience of extreme level of fear in such situation is known as phobia. Such fears are irrational and without any cause. It is a constant fear of the objects that are not fearful. The intensity of the experience of phobia is higher. No intellectual reason can be seen for phobia.

In DSM-V among the disorders associated with phobia three disorders are shown. All these disorders are actually included in the classification of anxiety disorders. Three disorders are as under :

- (a) Specific phobia
- (b) Social phobia
- (c) Agora Phobia

### **(a) Specific Phobia :**

Specific Phobias are those that are attached to some specific objects or situations. The onset of this disorder can be seen from the childhood. Its prevalence in U.S. is 8.7%, which means that 19 million people are suffering from this disorder.

The symptoms of specific phobia shown in the DSM-V are as under :

- 1) It is not associated to all situations but to some specific objects or situations.
- 2) Compared to reality it is more extreme and illogical fear.
- 3) While facing the fearful situations the physical problems of the individual increases and some symptoms of anxiety disorders can be seen.
- 4) While facing the fearful situations the symptoms of panic attack like crying, getting stunned, trembling etc. can be seen.
- 5) Trying to avoid the fearful situations.
- 6) Trouble in decision making and in maintaining interpersonal relations.
- 7) Presence of the symptoms of specific fear for more than 6 months.

Five types of specific phobias are described in the DSM-V :

\* **Animal type** : This type refers to fear of spider, lizard, dogs, insects etc.

• **Natural Environmental type** : Fear of water, high altitude, darkness and cyclone are included in this type.

• **Blood-Injection-Injury type** : Fear of blood, testing of blood or check-up, injection, seeing the surgery going on etc.

• **Situational type** : In this type, fear of specific situations like going in the lift, use of escalator, travelling by plane or railways etc. are experienced.

• **Other type** :

In this type, feeling of choking or vomiting, fear of becoming a victim of some incurable diseases etc. are included. The fear of bursting of balloon in children also comes into this category.

### **(b) Social Phobias :**

Social phobias are also known as social anxiety disorder. From 1960 social phobias are explained separately from other phobias.

Social phobia is a common disorder. Prevalence of this disorder is more in females than in males. Usually this type of phobias develop during teenage and on the onset of adolescence. 40% of the people suffering from this disorder are also having the symptoms of anxiety disorder and depression.

In social phobia person is irrationally afraid of some social situation. A person is feeling discomfort in social interaction and is afraid of negative evaluation by others.

Presence of other person and the discomfort experienced while interacting with them produce fear and anxiety. Due to that physical symptoms like perspiration, breathing difficulty, increase in the heartbeat, feeling nauseating etc. can be experienced. Usually people suffering from social phobia are getting disturbed due to the presence of other people in many social situations. A person suffering from this type of disorder continuously feels that other people are trying to carry out deep investigations of their behaviour and other people are present there to show him inferior or to make him suffer. So this person is either trying to avoid those situations or baring the situation with lot of stress. Specially, the situations like delivering lecture in public, using public toilet, eating in public etc. make the person fearful in that situation.

### **(c) Agora Phobia :**

The word agora phobia has derived from the Greek word “Agora”, which means public place. Usually a person suffering from agora phobia firmly believes that when fearful situations occur, he will not get the support of the other people or it will be difficult to transfer himself to a safe place from the fearful situation. So they avoid going alone in the streets, in social gatherings, in the shopping centres, theatres, playgrounds etc.

Handling the situations like standing in the queue, using the public transport, passing from the bridge etc. alone become difficult for the person. If fear and anxiety of any two situations from the five shown in the DSM-V are experienced for more than six months, then we can say that a person is suffering from Agora phobia. The five situations shown in the DSM-V are as under :

- 1) Use of public transport like bus, train, aeroplane etc.
- 2) Reaching the open space like parking plots, market or on the bridge.
- 3) Reaching the covered or closed places like shop, cinema hall etc.
- 4) Standing in the queue or going out in the crowd.
- 5) Going out of the house alone.

People suffering from Agora phobia are either avoiding the above mentioned situations or feeling extreme stress while facing such situations.

### **(III) Obsessive Compulsive Disorder :**

Obsessive compulsive disorder is known as OCD. It is an inappropriate, illogical, unpleasant thought or performing actions which are useless and senseless.

According to DSM-V in obsession a person is continuously having unrealistic, irrelevant, meaningless thoughts and imaginations. Usually this type of thoughts are regarding sufferings from some ter-



rible disease, killing of near and dear ones, getting injured, throwing himself or others from the high buildings or place, regarding the security of the family members, sexuality and religiosity etc. These thoughts create disturbance in the everyday work of an individual. A person knows that these thoughts and fantasies are improper, but cannot stop them, neither is able to avoid them.

In compulsive disorder a person is performing particular action without any logical reason. According to DSM-V activities like repetitive hand washing, counting numbers / figures, checking the fan, light and tap again and again, repeating same action or arranging the things over and again etc. are carried out by a person. Like obsession in compulsion also, a person is aware about the illogicality of his actions but not able to establish control on it. 2.5% people have experienced this disorder anytime in their life, Gender differences are not seen in this disorder. Usually the proportion of this disorder is more in the people who are divorced, detached emotionally from the family due to some reasons, unemployed and feeling anxious due to the guilt.

## **2 Mood disorder :**

Usually every person experience feelings and emotions. Feelings and emotions are the common factors of mental world. We never experience same amount of feelings and emotions, in every situations, we feel ups and down in that and sometimes its intensity also changes. e.g., a feeling of being pushed in the crowd of bus and someone pushed you in public by speaking insulting words, in both the situations the intensity of the anger emotion is different. So change in the feelings and emotions is common, but when feelings and emotions become out of control then it will be difficult to adjust with. When the emotions of an individual become harmful for himself and for the society at that time we can say that person is having mood disorder.

In DSM-V mood disorders are explained under the title Bipolar and Depressive disorder. Among all mood disorders we will get detailed information about Unipolar and Bipolar disorders.

### **(a) Bipolar - I disorder :**

Bipolar - I disorder is known as depressive disorder. The main symptom of this disorder is depression. If the symptoms like reduction in the physical needs like hunger and sleep, reduction of weight more than 10 kg within three months (without any medicine or physical strain), sleep disturbances, lack of interest, reduction in feeling of joy, experience of uselessness, thinking about committing suicide and sometimes trying to do so etc. are seen in the behaviour of a person for at least two weeks then we can say that, a person is suffering from Bipolar - 1 disorder.

### **(b) Bipolar - II disorder :**

In bipolar - II disorder both depressed and maniac emotions are simultaneously experienced by the patient. In this disorder mild mania is already experienced by the person, in which a person is becoming more irritating. But change in his nature does not create obstacle in his social and occupational responsibilities and he is not required to get hospitalised. So this symptom is not known as symptom of the disorder. It gradually turns from mild to moderate. A person becomes impatient and

unable to concentrate on one thing for a longer period of time. When mania and depression both disorders are experienced at different time intervals it is known as bipolar - II disorder.

### **3 Learning Related Mental disorder :**

Learning related mental disorders are seen in childhood. In this disorder the child's ability to learn coordination between the muscles and physical activities and difficulty in communicating with others etc. are interrupted. A child having this type of disorder finds difficulty in understanding new and complex informations. He takes more time in learning routine activities like closing the buttons of the shirt, combing the hair properly by looking at the mirror etc. according to maturity by his age. A child finds it difficult to understand verbal and nonverbal language. Difficulty in thinking and logical ability can be seen.

#### **(a) Dyslexia :**

In DSM-IV dyslexia was included in the learning related disorder while in DSM-V it is included in the specific learning disorder. A survey conducted in the American school children found that in 17% of the American school children this disorder can be observed. According to one survey amount of dyslexia in India is 9.87%. This disorder is seen more in the girls as compared to boys.

In the different age groups different symptoms of dyslexia can be seen. But the common symptoms derived from that are as under :

- 1) Compared to other children the ability to speak in a dyslexic child is delayed.
- 2) Difficulty in the clear pronunciation of the words.
- 3) The speed of learning new words is less and also finds it difficult to recall the learned words.
- 4) Inability to understand the words.
- 5) Failure in differentiating the similarly pronounced words.
- 6) Difficulty in the writing skill of a language (making mistakes in writing the alphabets like w, m, p, q, b, d etc.)
- 7) Difficulty in reading and experiencing hesitation in speaking in the class amongst other children.
- 8) Lack of motivation to get educational achievements.

The disorder that is developing due to the defects of heredity or nervous system should be known as inability rather than disorder. If a child with this type of inability is trained properly and if the capacity of the child is found and properly nurtured the child definitely will be able to progress in his life. The film 'Tare Zameen par' provides best example of this disorder. In real life examples we can see that Thomas Alva Edison, George Washington, Albert Einstein, Leonardo da Vinci, Bill Gates etc. were suffering from dyslexia in their childhood.

#### **(b) Autism :**

In diagnostic language autism is known as 'Autism Spectrum Disorder' (ASD). In DSM-V autism is described by connecting it with social communication disorder. Autism is a developmental disorder.

On 27th March, 2014, American organization 'Centre for Disease' studied the rate of autism and showed that out of 68 children, 1 child is having this disorder. Out of 42 boys 1 boy and out of 189 girls 1 girl is suffering from autism. The rate of this disorder is more in boys than girls. According to the research conducted in India in 2013, the rate of autism in India is 1 to 1.5 %.

Autism is a complex development disorder, the symptoms of which can be seen in the first three years after the birth. The disorder develops due to the deficiency of nerve cells, affects the normal functioning of the mind. Its effects can be seen in the social interaction and verbal and non-verbal communication. Autistic child does the same activity again and again, cannot talk to others by keeping eye contact with them, usually avoiding the eye contact with others, usually likes to play alone, can't express his ideas and feelings in front of others, keeps on repeating the instructions given to him. e.g., if mother tells the child "You come here", the child will keep on repeating the same words "You come here" again and again, laughing irrelevantly or keeps on smiling. He is not afraid of realistic fearful situation, not experiencing pain and keeps on moving anything round and round.

Autistic children are having sleep disturbances and digestion related problems. So these children should be given behaviour therapy along with the medicines.

### **(C) Attention Deficit Hyperactive Disorder (ADHD) :**

DSM-V the disorder related to problem in retaining attention and extreme unsteadiness in children is included in the neuro-developmental related disorder.

The research conducted on children between 4 to 17 years of age shows that the rate of this disorder in America is increasing year by year. In 2003 the rate of ADHD was 7.8%, in 2007 it was 9.5% and in 2011 it reached to 11%. In India also the rate of ADHD is about 5 to 10%. Generally this disorder is more seen in male child than in female child.

Mainly three symptoms are seen in the children having ADHD. They are inattentive, hyperactive and impulsive. These children are not able to concentrate on one object for a longer period of time, find it difficult to follow the instructions, not able to finish the assigned work, find difficult to complete the work by coordinating it as per planning, having day dreaming, not choosing the activity in which they are supposed to sit at a place for long time, not able to play calmly, are very talkative, always running here and there, climbing up and down things, not having patience to wait till their turn comes and hurry in answering the questions even before the question is completed etc. symptoms can be seen.

Friends, in this chapter we have collected information regarding abnormality of behaviour, its meaning and types. We have developed awareness and alertness about the physical disorders, but if we develop same amount of awareness and alertness about mental disorders, then it will be possible to save ourselves from many mental disorders. It can be treated by medicines and psychotherapy. By living aside our superstitions regarding the mental disorders and by adopting scientific view points for physical and mental health thus can get the holistic health.



## Exercises

### Section - A

**Answer the following question by choosing from the options below :**

- 1) Behaviour which is low in moral values is known as abnormal behaviour. Who has given this definition?  
(a) James Page (b) J. C. Coleman  
(c) Warren (d) C. T. Morgan
- 2) Which organization has given the classification of mental disorder at international level?  
(a) WHO (b) UNIS  
(c) APA (d) UNO
- 3) In which year DSM-V classification was published ?  
(a) 2000 (b) 1980  
(c) 2013 (d) 1952
- 4) From the following disorders which one is inherited ?  
(a) Anxiety (b) Psychoses  
(c) Social Phobia (d) Obsessive Compulsive Disorder
- 5) Which disorder is associated with brain dysfunction ?  
(a) Alzheimer (b) Agora Phobia  
(c) Neuroses (d) Social Phobia
- 6) The example of iceberg is related to which concept ?  
(a) Psychosexual stage (b) Dream state  
(c) Conscious-unconscious (d) Defence mechanism
- 7) Which subsystem follows 'Pleasure principle' ?  
(a) Id (b) Super ego  
(c) ego (d) self
- 8) What do we call the method used for retaining the ego unconsciously ?  
(a) Repression (b) Defence mechanism  
(c) Personality (d) Dream state
- 9) In which disorder a child repeats the instructions given to him again and again ?  
(a) Autism (b) ADHD  
(c) Dyslexia (d) Writing disorder
- 10) Which mental disorder is seen more in the lower middle class people ?  
(a) Hysteria (b) Psychosomatic disorder  
(c) Frustration (d) Obsessive Compulsive disorder

### Section - B

**Answer the following questions in one line :**

- 1) By which other name social phobia is known ?
- 2) Give the full form of OCD.
- 3) In which type of disorder both the emotions mania and depression are present ?
- 4) Give the full form of ADHD.

- 5) Which organization is associated with the classification of mental disorder ?
- 6) Who was the founder of behaviourism ?
- 7) By which hypothesis Skinner tried to explain maladjusted behaviour ?
- 8) Which theory was given by Bandura by studying the ability of self- direction in an individual ?
- 9) Who gave the explanation of mental disorder based on physique ?
- 10) What do we call 'Autism' in diagnostic language ?

### **Section - C**

**Answer the following questions in about 30 words :**

- 1) What is reuptake process ?
- 2) Explain the five situations shown in Agoraphobia.
- 3) Explain the effect of defective genes on the behaviour.
- 4) Explain the concept of 'ego'.
- 5) How cognitive model is different from other models ?
- 6) Explain phobia and its types.
- 7) Explain the table showing the various editions and publishing year of DSM.
- 8) Explain the concept of super ego.
- 9) Explain the memory factor of cognitive model.
- 10) Explain the behaviour disorder produced by the imbalance of endocrinal gland.

### **Section - D**

**Answer the following questions point wise (about 50 words) :**

- 1) Explain the types of anxiety in the theory given by Freud.
- 2) Describe 'Attribution Theory'.
- 3) Explain the effect of the chemicals of synapse on the behaviour.
- 4) Explain the types of specific phobia shown in the DSM-V.
- 5) Explain the symptoms seen in the children having ADHD.
- 6) Explain the word normal and abnormal.
- 7) Explain conscious mind and unconscious mind in short.
- 8) Explain the basic instincts of Id.
- 9) Explain organising structure as a factor of cognitive model.
- 10) Explain in short the effect of socioculture factors on the behaviour.

### **Section - E**

**Answer the following questions in detail (about 80 words) :**

- 1) Explain the symptoms of dyslexia.
- 2) Explain in detail the psychosexual stages of development given by Freud.
- 3) Explain the behavioural model of abnormal behaviour.
- 4) Explain the psychosocial causes of abnormal behaviour.
- 5) Explain generalised anxiety disorder.

