

Unit 4

PSYCHOLOGICAL DISORDERS

This unit explains the symptoms of normality and abnormality and various psychological disorders.

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Introduction

We come across people who display signs of unhappiness, troubled behaviour and dissatisfaction more than the normal level range and hence their entire life revolves around stress, strain and mal-adaptation. Due to this, they fail to do their normal day to day activities properly. These people are clear examples of abnormality. If this abnormal behavior is ignored by the person or by the people who are close to her/him, then slowly it may take the form of mental disorder. We study the causes, classification, symptoms etc. of mental disorders under *the discipline of abnormal psychology and a summary of this is being given in this chapter.*

Concept and Meaning of Abnormality and Mental Disorders

Human behaviour is classified into two parts – normal and abnormal.

The word ‘Normal’ is derived from the latin word ‘Norma’, which means carpenter’s scale. The way a carpenter uses his scale to decide

Box 4.1

Physical Symptoms of abnormal behaviour should be included

1.	Anti-social behavior	2.	Mental imbalance
3.	Insufficient adjustment	4.	Lack of practical behaviour
5.	Disintegrated personality	6.	Lack of self awareness and self respect
7.	Insecurity	8.	Emotional immaturity
9.	Lack of social adaptation capability	10.	Stress and too much sensitivity

which measure is correct under which situation, in the same manner normal word is used in English to denote a standard pattern or a standard. Abnormal word is made by the combination of two words – ab and normal. Ab is a prefix, which means away from.

From this viewpoint, behaviour which deviates or varies from normal behaviour can be termed as abnormal behaviour. According to Kisker, “Human behaviors and experiences which are strange, unusual or different ordinarily are

considered abnormal.” Mangal explained that “the term normal stands for a set rule, pattern or standard while ‘abnormal’ for the deviance or variation from the normal”. According to Reiger, “_Abnormal behaviour is a behaviour which is unacceptable in the society, it arises because of painful and distorted cognitions which develops because of socially unacceptable, painful and distorted cognitions. Because of this behavior the person finds difficulty in adjustment ,so its nature is maladaptive”.

Comer defined abnormality in terms of four D’s. (1) **Deviance** – behaviors which are different from societal norms, and are extreme and bizarre will come under this category. (2) **Distress** – Those behaviors which are unpleasant or upsetting to the person itself come in this category.(3) **Dysfunction** – Abnormal behaviours are those behaviours which interfere with person’s ability to carry out daily activities. It makes that person so disturbed that he cannot work properly even under normal conditions.(4) **Danger**- Abnormal behaviour is generally dangerous for the person or the patient. It also proves to be dangerous for other people

Psychological disorders occur as a result of dysfunction in the behavior and mental processes of a person, due to which person's personality and social adjustment becomes faulty and his behavior becomes maladjusted. As a result, the life of the person and the people related to him becomes negatively affected.

Activity 4.1

Together with your classmate, talk to three persons who have been a victim of any accident in their life, due to which they experienced mental stress. Do a comparative study of the physical, mental, and emotional symptoms which they experienced in the perspective of disability.

CLASSIFICATION OF PSYCHOLOGICAL DISORDERS

In order to understand psychological disorders, we need to begin by classifying them. A classification of such disorders consists of a list of categories of specific psychological disorders, grouped into various classes on the basis of some shared characteristics. The credit of classification of mental disorders can be attributed to majorly two international organizations. American Psychiatric Association (APA) and World Health Organization (WHO). APA has published Diagnostic and Statistical Manual of Mental Disorders (DSM) and WHO published International Classification of Diseases classification of psychological disorders may be given in factorial form/box (ICD) respectively. Under this scheme, diagnostic symptoms of each disorder and other related symptoms and clinical manuals are described.

Models of Abnormality

Some models have been developed to understand the concept of abnormality, which interprets the abnormal behaviour.

Biological model – According to this model, abnormal behaviour is related to abrasion of

central nervous system, which could be either inborn or due to any type of brain disorder or due to imbalance in the hormones inside human body.

Psychological model - The psychological models include the psychodynamic, behavioural, cognitive, and humanistic-existential models. According to Freud's **Psychodynamic model**, abnormal behaviours are symbolic expressions of mental conflicts at an unconscious level, which are usually related to early childhood and infantile stage. According to **Behavioral model**, mental disorders are a result of faulty learning of behaviors. According to cognitive model, mental disorders arise when a person engages in negative thinking about himself, have irrational beliefs or draws impractical conclusions. According to **Humanistic-Existential model** mental pain is an outcome of a person experiencing loneliness, disloyalty or lack of attainment of meaning of life and self actualization. According to the **Sociocultural model**, abnormal behaviour is best understood in light of the social and cultural forces that influence an individual. Factors like poverty, unemployment,

discrimination, gender roles etc. can give rise to mental disorders. In addition to these models, one of the most widely accepted explanations of abnormal behaviour has been provided by the **Diathesis-Stress model**- Diathesis refers to predisposition in a person to develop a disorder. According to this model, mental disorder related abnormality occurs due to an interaction between predisposition and stressful events. None of them can alone be responsible for the development of disorder.

Activity 4.2

Behaviours which are usually seen as normal can also come under the category of abnormal behaviour and if a person sometimes behaves abnormally, we can't call him a mental patient.

Some specific situations in which abnormal behaviour can be understood as normal are

- 1. Self talking while they are deeply thinking.*
- 2. Some wise people start cleaning the place where they find it dirty. Think about these examples and discuss in class while giving similar examples.*

CAUSES OF ABNORMAL BEHAVIOUR

Factors underlying abnormal behaviour refer to those reasons which are responsible in the occurrence of any mental disorder. Due to the complexity of abnormal behaviour, we cannot conclude that only a particular situation is responsible for a particular disorder. Because of this reason it gets very difficult to interpret abnormal behaviour, but we can certainly say that those situations which create hindrance towards the personality development or situations that create stressful conditions in front of the person, which he cannot face contribute to the development of abnormal behaviour. Some mental disorders are inherited genetically and some are a result of faulty development because of lack of proper environment. In a nutshell, factors underlying abnormal behaviour can be categorised into three categories: (1) biological factors (2) psychological factors and (3) socio-cultural factors.

Biological factors: Our behaviour is directly related to our body constitution and nervous

system. Inappropriate physical health results into inappropriate behaviour. Constitution of our body is determined by inherited genetic patterns. In addition, certain defects can be congenital or acquired also. (1) Genetic defects which give rise to abnormal behaviour. It can be because of chromosomal anomalies and faulty genes for example Down's syndrome a kind of severe mental retardation is due to chromosomal aberrations where one extra chromosome is present in the 21st pair of chromosome (2) some special and defective constitutional factors such as physical handicaps, physique and primary reaction tendencies can give rise to abnormal behaviour. (3) Another viewpoint considers abnormal behavior as a result of biochemical changes. Nervous system works properly due to balance in the chemical substances found inside the body. For example if the level of serotonin falls below the normal level, then the symptoms of depression start appearing. And excess activity of dopamine leads to schizophrenia. Abnormal behaviour can also occur due to lack of proper diet or imbalance of hormones. (4) Brain dysfunction may also be due to physical damage to the brain. This type of damage can obstruct the normal functioning of the brain tissue and leads to appearance of various types of abnormal symptoms in the person. Brain damage may be due to brain injury, infection, intoxication, old age, brain tumour, etc.

Psychosocial Factors - The development of personality takes place gradually. Early life stages influences personality development. If the psychological development is not appropriate, then it leads to various types of disorders. Defective psychological development not only leads to lack of maturity in the person, but simultaneously develops such attitudes that

influence his adjustment in the society. Major psychosocial causes can be enumerated as : (1) **Early deprivation or trauma** : if at the early stages of children's development, there is some deprivation or traumatic experience, then it negatively affects their developmental process and gives rise to various types of abnormal behaviour. It includes 3 major points (i) institutionalization (ii) deprivation at home, and (iii) childhood shock or mental trauma (2) **Faulty parent child relationship**: various researches have made it clear that when the interaction between the parents and their children is inadequate from the psychological viewpoint, then it negatively affects the children's personality development and generates the likelihood of development of abnormal behaviour. Major reasons are (i) over protection (ii) excessive restriction (iii) unrealistic demand (iv) over permissiveness (v) faulty discipline (vi) inadequate or irrational communication (vii) attachment.

(3) **pathogenic family structure** – It refers to those family structures that have so much of family disturbances that it negatively influences the adjustment level of family members and the person becomes stricken with abnormal behaviour. Following family structures are said to be pathological (i) discordant family (ii) disturbed family (iii) and disrupted family (4) **Severe psychological stress** – failure, hopelessness, conflict, stress, pressure, anxiety etc. are the result of modern day life. They become pathogenic when their intensity is very severe. When the person fails to control them, and when due to these, normal everyday functioning starts getting affected. Severe psychological stress can hamper personality

development of any person and can cause abnormal behaviour.

Socio cultural factors–Like war and violence, prejudice and discrimination, economic difficulties and unemployment and fast social changes. These severely affect majority of the population that some may actually develop psychological problems.

Box 4.2		
Difference between the behaviour of normal and abnormal person		
	Normal behaviour	Abnormal behaviour
1	Normal person behaves wisely	There is a lack or complete absence of sensible behaviour in an abnormal person. Their behaviour is actually bizarre and out of the place.
2	Balanced social adjustment is found in a normal person	Social maladjustment is found in an abnormal person
3	Emotional maturity and emotional balance are exhibited by a normal person	An abnormal person shows a lack of emotional maturity and emotional balance
4	Normal person is aware of the reality	Abnormal person is not aware of the reality

Activity

Make a list of symptoms which are away from normal behaviour.

Major psychological disorders

Anxiety disorder

Anxiety refers to negative emotion of fear and apprehension. When this negative emotion of anxiety becomes unrealistic and irrational it starts affecting the life of the person negatively and his behaviour turns maladaptive, then this anxiety can be termed as anxiety disorder. The symptoms of this disorder are manifested by a person both psychologically and physically. According to Sarason & Sarason, “Anxiety disorders refer to mental disorders formerly called neurosis or neurotic disorders, characterized by some form of anxiety as the most prominent symptom. It includes panic disorder, phobic disorder, obsessive compulsive disorders, generalised anxiety disorders and reactions to stressors.”

Generalised anxiety disorder: It is a type of anxiety disorder in which anxiety is long term, enormous and widespread that it feels like free flowing continuously. Major symptoms of this disorder are emotional restlessness, stress, excessive alertness, anxiety etc. This is long-winded obscure, dreadful and trembling fear, which is not attached to any particular object.

Panic disorder: Panic disorder is associated with a Greek mythological story. In this story the God of Forest was called Pan who used to spread inexplicable dread in secluded areas, which was experienced by people crossing those forests. In this disorder there is a continuous presence of panic attack in the patient. The panic attack implies that whenever the thoughts related to particular stimuli arises then severe anxiety must reach its maximum level. On this kind of attack, symptoms like a sense of intense apprehension, panic, and depersonalization

arises. In terms of somatic changes of a person, the heartbeat increases, hands and feet begin to feel cold, chest starts pain and the breathing rate decreases. In this situation, the person starts feeling as if he will die or he will lose control on his body parts.

Phobia: It refers to excessive or irrational fear towards those some objects or events that are not so dangerous in reality. There are 3 main categories of this disorder – (i) agoraphobia (ii) social phobia, and (iii) specific phobia. Agoraphobia is the term used when people develop a fear of entering unfamiliar situations. So their ability to carry out normal life activities is severely limited. In **social phobia**, person develops a fear of interaction with people or engaging in those situations where he thinks he will be evaluated. In specific phobia, an individual fears from any specific object or situation. For example, some people develop fear towards some specific animal, bird or any disease.

Box 4.3

Some important phobias

1.	Fear of air	Aerophobia
2.	Fear of disease	Nosophobia or Pathophobia
3.	Fear of closed spaces	Claustrophobia
4.	Fear of fire	Pyrophobia
5.	Fear of height	Acrophobia
6.	Fear of water	Hydrophobia
7.	Fear of crowd	Ochlophobia

Obsessive compulsive disorders—In obsessions, the person unwillingly keeps on repeating any irrelevant or irreconcilable idea. The person involved often wants to get rid of

such thoughts but usually unable to do so because of which his mental peace gets so disturbed that his adjustment is affected negatively. Compulsive behaviour is the need to perform certain behaviours over and over again. In this disorder, an individual feels compelled to do some activity again and again. For example, repetitive washing of already cleaned hands or checking locked doors again and again. These activities are not only unwilling but also irrelevant and irreconcilable in their nature.

Post traumatic stress disorder (PTSD)– This is also a type of anxiety disorder. In this the person gets affected and disturbed by some natural or manmade phenomenon related to emotional and psychological problems to such an extent that his adjustment gets severely disturbed. Its major symptoms include severe stress, recurrence of any particular dream, emotional numbness, lack of concentration, etc.

Somatoform disorders

It is that type of psychological disorder in which an individual expresses the symptoms of any physical pain, but there is no biological cause for these physical symptoms. In the words of Sarason and Sarason, “Somatoform disorders refer to the disorders characterized by physical symptoms that suggest a physical disorder but for which there are (1) no organic findings to explain the symptoms and (2) strong evidence or suggestion that the symptoms are linked to psychological factors or conflicts.” Somatoform disorders include pain disorders, somatisation disorders, conversion disorders, and hypochondriasis.

Pain disorder: In this disorder, the patient reports about extreme and incapacitating pain,

which is without any identifiable biological cause. And the origin of this disorder is due to stress or some psychological problem.

Somatisation disorder: They are marked by multiple somatic complaints that are recurrent or chronic. There is no physical basis for this. These physical complaints include headache, fatigue, abdominal pain, back pain, chest pain, heart palpitations, increase in heartbeat, etc. These complaints are likely to be presented in a dramatic and exaggerated way and they take large quantities of medicines.

Conversion disorder: In this disorder, the person expresses his tension, mental conflict, etc. through physical symptoms. Paralysis, blindness, deafness, difficulty in walking etc. suddenly occurs after some stressful experience.

Hypochondriasis: In this disorder, the person always fears to suffer from some disease. Regardless of the symptoms of any disease, he is apprehensive about his health and this fear is so strong that his day-to-day routine gets disturbed.

Dissociative disorder: The meaning of dissociate is to disconnect or separate. A sudden and temporary change in consciousness that prevents painful experiences is the chief characteristic of dissociative disorder. The people, who are suffering from this disorder, are not completely aware of their environment, forget their identity, get confused about themselves, and develop several different identities. Holmes has described it as - “Dissociative disorders refer to a group of disorders involving a disturbance of the integrative functions of memory, identity and consciousness. Disorders include dissociative

amnesia, dissociative fugue, dissociative identity disorder and depersonalization.”

Dissociative amnesia: In this deformity, there is partial or total inability to recall or identify past personal experiences which are stressful for the patient. The amnesia occurs suddenly and is related with a specific period. It is different from the amnesia caused by brain pathology. Besides this particular memory loss his other competencies, basic learned activities and habit patterns remain intact.

Dissociative fugue: Patients with dissociative fugue suddenly go somewhere else, leaving behind their home or residential place and start a new life there with new name and new occupation. After months and years have passed, the patient marvels at finding himself in a new place. He remembers his old life and he forgets his new life altogether. He does not even remember how he came to this place? This forgetfulness occurs suddenly and unexpectedly. People who do not have the ability to face tragic circumstances are more prone to develop dissociative fugue.

Dissociative identity disorder: The biggest symptom of this deformity is that two or more personalities are found alternately in the same person. Each individual personality is cognitively and emotionally independent and well-organized. One personality state is dramatically different from the other person's state. If one is happy and active, then the other can be very sad and inactive. They can be aware about each other or not. When more than two personalities are originated, then their relation gets too complex.

Depersonalization: Damage to self identity is commonly known as depersonalization. The

person feels as if he is living in a dream world. He feels that he is examining his own mental and physical processes, being an external observer. Temporarily the realization of the person is changed or lost .

Activity 4.3

People go through pleasant and unpleasant experiences throughout their lifetime. Particularly tragic events make the behaviour of a person abnormal, like death of a family member, failure in examination, etc. As a student of class, you have to make a list of such events occurring in your life, which has made your behaviour sad or retarded. And compare it with your classmates.

MOOD DISORDER

Mood disorder: This disorder is a group of disorders, in which man's psychic process becomes distorted to such an extent that he is not able to maintain adjustments in his daily life. Sarason & Sarason have defined mood disorder as, “Mood disorders refers to one of a group of disorders primarily affecting emotional tone. It can be depression, manic excitement or both. It may be episodic or chronic.”

Major depressive disorder is also known as unipolar disorder. The patient remains extremely sad in this. There is considerable decrease in hunger, sleep and activity level, apart from this feeling of worthlessness, indifference towards life, dislike of happiness in life, and sometimes thoughts of suicide, etc. can be seen as the symptoms. Another less common mood disorder is **mania**, in which person exhibits highly active and over enthusiastic

behaviour. **In bipolar mood disorder**, episodes of mania and depression are present alternatively. This disorder was previously known as manic depressive disorder.

Suicide is often associated with mood disorders. This is self motivated death in which a person makes a knowledgeable, direct and conscious effort to end his life. Factors that motivate suicide are stressful events and situations, changes in mood and contemplation, alcohol usage, mental disorder, modelling etc. The rate and attempt of suicides is different in different age and gender groups. The problem of suicide is very serious and complex. Majority of those who attempt suicide don't want to die actually. The direct or indirect signs before suicide are actually "call for help" made by the patient. It is necessary to be aware about him noticing changes in the eating and pattern of sleeping, not enjoying in activities with friends and family, complaints about physical symptoms, consumption of medicines and alcohol, feeling bored constantly, etc. However, with professional counselling / psychological help from time to time, suicide can be prevented.

Schizophrenia

Schizophrenia is a serious mental disorder. Earlier it was known by the name of dementia praecox. Bleuler gave a term for this mental disorder as "schizophrenia", which is prevalent even till today. Schizophrenia actually is a type of psychosis. Its literal meaning is 'splitting of personality'. Due to this splitting of personality, the patient develops several deformities in cognitions, emotions and behaviour, which leads to his loss of connection with reality.

Symptoms of schizophrenia

do barate symptoms only do not give as positive or negative. Its symptoms are of three types-

1. **Positive symptoms** : In this, the person reflects a distortion or excess in thoughts, emotions and behaviours. This category of symptoms include (a) delusions-it is essentially a faulty interpretation of reality that cannot be shaken despite clear evidence to the contrary. (b) hallucinations i.e. perceptions that occur in the absence of external stimuli. (c) disorganized thinking and speech. In this the speech and thoughts are totally disorganised for example rapidly shifting from one topic to another so that the other person who is hearing is not able to make any sense, inventing new words or phrases, and persistent and inappropriate repetition of the same thoughts and (d) inappropriate affect, i.e. emotions that are unsuited to the situation.

2. **Negative symptoms**: In this, the person shows deficits in thoughts, emotions and behaviours. In this major symptoms are blunted and flat affect, i.e. showing less or no emotions at all, lack of willingness or avolition, i.e. inability or disinterest to start or complete a course of action or poverty of speech (alogia).

3. **Psychomotor symptoms**: In it, the person displays his body language, motion and postures in an odd manner. These symptoms can attain their maximum state, which is also known as catatonia.

Box 4.4	
Various types of delusions	
Delusions of persecution	People with this delusion believe that they are being plotted against, spied on, slandered, threatened, attacked or deliberately victimised.
Delusions of reference	In this they attach special and personal meaning to the actions of others or to objects and events.
Delusions of grandeur	People believe themselves to be specially empowered
Delusions of control	They believe that their feelings, thoughts and actions are controlled by others.

BOX – 4.5	
Various types of hallucinations	
Auditory hallucination	Patients hear sounds or voices that speak words, phrases and sentences directly to the patient or talk to one another referring to the patient as s/he
Tactile hallucination	Feeling of many kinds of tingling or burning
Somatic hallucination	Feeling of something happening inside the body such as a snake crawling inside one's stomach, etc.
Visual	vague perceptions of

hallucination	colour or distinct visions of people or objects
Gustatory hallucination	Strange taste of food and drink items
Olfactory hallucination	Smell of poison and smoke are common

Following are five major types of schizophrenia:-

1. **Paranoid type**—in this type of schizophrenia, major symptoms are presence of delusions and auditory hallucination in a sequential and organised manner. Persecutory delusions are the most frequent, besides that delusions of grandeur, jealousy and reference are also found .
2. **Disorganized type**- disorganized language and behaviour, frustration, no symptoms of catatonia are present.
3. **Catatonic type**- major symptom of this type of schizophrenia is the presence of motor disturbance. Sometimes the patient gets very excited and does various types of postural activities and sometimes maintains the same posture like standing on one foot for several hours.
4. **Undifferentiated type**- This person does not fit with any one of the subtype of schizophrenia or may go along with more than one category.
5. **Residual type**- for residual type it is necessary that the patient has experienced at least one episode of schizophrenia in the past and shows no positive symptoms but exhibits negative symptoms.

Activity 4.4

You often see people who maintain wrong beliefs about themselves. If something is said contrary to these beliefs, then they do not get ready to accept it. Some of the similar examples can also be seen on T.V. and found in books

Can you identify which kind of delusion each of these is:-

- 1. A person who thinks that people are planning to attack him.*
- 2. The one who thinks that he is an inventor, who has made some unique inventions.*
- 3. The one who thinks that people are just talking about him.*
- 4. The one who thinks that his impulse, emotions, contemplation etc. is being controlled by others and not by him.*

Behavioural and Developmental Disorders

Behavioural and developmental disorders are mainly related to behaviour and development of children. If these disorders are taken care of in time, then they can be improved, but if they are ignored then there will be serious consequences in the future. Achenbach has classified childhood disorders into two types:

- 1. Externalising disorders:** These are also known as uncontrolled disorders; it includes those behaviours that are disruptive and violent. Three prominent externalising disorders are Attention-deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), and Conduct Disorder.

(i) Attention-deficit hyperactivity disorder: major symptoms of this disorder are- inattention and hyperactivity. Inattentiveness is found in a child who is suffering from ADHD, he finds it difficult to sustain concentration during work or play. As a result, he fails to follow instructions, given by others. Hyperactivity- The level of activity is found to be much higher than the normal level in a child who suffers from ADHD. It is very difficult for them to stay calm and stable while doing any activity. Such children are always busy with running, roaming around, jumping, etc. Impulsivity- symptoms of impulsivity are also found in children with ADHD, such children fail to control their immediate reactions. ADHD is more prevalent in boys than girls.

(ii) Oppositional Defiant Disorder (ODD): Children with this disorder display age-inappropriate amounts of stubbornness. These children are irritable, disobedient and behave in a hostile manner. The rate of this disorder is same in boys and girls.

(iii) Conduct disorder: The terms Conduct Disorder and Antisocial Behaviour refers to age inappropriate actions and attitudes that violate family expectations, societal norms, and the personal rights of others. These children also show behaviours of deceitfulness, theft, rule violations and violence.

2. Internalising disorder: these disorders include internal problems that may not be evident to others like separation anxiety, depression etc.

(i) Separation anxiety disorder (SAD): in this disorder, children experience excessive fear at being separated from their parents. They may have difficulty being alone, going somewhere

alone, fear of entering new situations, and cling to and shadow their parent's every move. To avoid separation, children with SAD may fuss, scream, throw severe tantrums, or make suicidal gestures.

(ii)Depression: children experience depression differently than adults. It is related to their physical, emotional, and cognitive development. Children may also have more serious disorders called Pervasive Developmental Disorders. Autistic disorder or autism is one of the most common of these disorders. Leo Kanner was the first person to identify children suffering from this disorder. Lack of interest for individuals can be seen in these children. They give priority to inanimate objects for interaction. They are unable to gaze into other's eyes for social interaction. In such children, meaningful and useful speech is not developed and they show limited and strange types of verbal expression. Children with autism have a strong desire to maintain uniformity in the environment. In such children, the learning and development of very essential activities for life are also greatly reduced.

Another group of disorders which are specially found in young people are **eating disorders**. In this, anorexia nervosa is a major disorder, under which the person's will to consume food gets completely depleted. He is capable of staying hungry till her/his death. Another disorder bulimia nervosa is also common, in this disorder the persons eat excessive amounts of food, then purge his body by using medicines or vomiting, by which he also gets relieved of negative emotions. In **binge eating**, there are frequent episodes of out of control eating.

Mental retardation

Mental retardation refers to lack of adjustable behaviour along with sub-average intellectual capacity. According to American Association on Mental Retardation, "Mental retardation refers to substantial limitations in present functioning. It is characterised by significantly sub-average intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skill area: communication, self care, family life, social skills, community use, self direction, health and safety, functional education, leisure and work. Mental retardation manifests before age 18." Traditionally, those individuals who have IQ level below 70 are known to be mentally deficient.

Box 4.6	
Levels of mental retardation	
IQ Range	Classification
50-70	Mild mental retardation
35-50	Moderate mental retardation
20-35	Severe mental retardation
Below 20	Profound mental retardation

Substance Use Disorders

From few decades, consumption of intoxicating substances and drug addiction has been increasing rapidly in the society. Consumption of these substances in excessive amounts makes the person dependent from both physical and psychological viewpoint, which is also a symbol of the person's embedded problems and stress.

Davison and Neale have defined substance related disorders as, "Substance-related disorders

are disorders in which drugs such as alcohol and cocaine are abused to such an extent that behaviour becomes maladaptive, social and occupational functioning is impaired, and control or abstinence becomes impossible. Reliance on the drug may be either psychological, as in substance abuse or physiological as in substance dependence, or addiction.” There are two subtypes of substance use disorders:

(i) Substance dependence: For a long time, if the person continues to misuse the substances, then a special state arises, which is known as substance dependence. This dependence is of two types - psychological dependence and physical dependence. In psychological dependence, the person shows a strong desire to take the drugs. They spend their most of the time making efforts to obtain the drugs, as a result of which their adjustment in other tasks no longer remains good. When a person takes drugs repetitively, then a state of tolerance or withdrawal symptom develops in him, which is known as physical dependence. Tolerance is such a physiological process in which the person is required to take more dose than the previous one to produce the desired effects. Withdrawal refers to psychological and physical effects produced, when he stops taking a constantly consumed drug. In addition to other things, there is uneasiness, anxiety, trembling etc. in the person.

(ii) Substance abuse: substance abuse refers to the phenomenon of matter in which the condition of a person is not a serious problem but the responsibilities of home and workplace are seriously affected. Such people produce physical threat to others.

Commonly Abused Substances are as:

- **Alcohol**

- **Amphetamines:** dextroamphetamines, metaamphetamines, diet pills

- **Caffeine:** coffee, tea, caffeinated soda, analgesics, chocolate, cocoa

- **Cannabis:** marijuana or ‘bhang’, hashish, sensimilla

- Cocaine

- **Hallucinogens:** LSD, mescaline

- **Inhalants:** gasoline, glue, paint thinners, spray paints, typewriter correction fluid, sprays

- **Nicotine:** cigarettes, tobacco

- **Opioid:** morphine, heroin, cough syrup, painkillers (analgesics, anaesthetics)

- **Phencyclidine**

- **Sedatives**

Alcohol and various substances also have their beneficial side. It provides short-term relief from the pain, insomnia, anxiety, stress, etc. in the form of medicine, but their long-term use is like weakening and disintegrating the personality. Psychotherapy is necessary for their treatment. The perception of society should not be of hatred and discard towards them but of cooperation. The patients need every possible sympathy, support and love. There is a need of giving special emphasis on prevention of alcohol and substance abuse. It is possible to prevent them by controlling the modern life complexity, hypocrisy, unemployment, competition, etc.

Treatment of drug abuse

- Treatment is accessible.
- Strong desire of the patient to quit addiction is helpful.
- Hospitalization and treatment for 10-15 days.

- Awareness of social, psychological and other factors of the patient and the relatives.
- Usage of medicines to reduce the effectiveness of intoxicated drugs.
- Behavioural, psychological and community based treatment.

Prevention techniques

- Legal ban on the sale and use of psychoactive drugs.
- Organizing Healthy Education camps and Films for the awareness of effects of psychoactive drugs.
- Modification of children's academic syllabus by adding the side effects of psychoactive drugs.
- Spreading of social awareness by social workers and other people.

Key Terms

Abnormal behaviour, mental conflict, cognitive model, diathesis stress model, genetic cause, psychological cause, behavioural cause, socio-cultural cause, anxiety, phobia, obsessive-compulsive, anti-social behaviour, generalised anxiety disorder, somatoform disorder, dissociative disorder, hallucination, attention-deficit hyperactivity disorder, mental retardation, mood disorders, schizophrenia, suicide, eating disorder, autism, substance – abuse disorders .

Summary

- Abnormal behaviour is behaviour that is painful, deviant from social norms and interferes with the growth. The abnormal behaviour is due to dysfunction in behaviour and mental processes of the person.

- Various models are developed to understand abnormal behaviour- these are biological, psychodynamic, behavioural, cognitive, humanistic-existential, diathesis-stress and socio-cultural and three causal factors are explained – biological cause, psychosocial cause and socio-cultural cause.
- Classification of mental disorders is done by World Health Organization (WHO), American Psychiatric Association (APA), Diagnostic statistical Manual (DSM) and International classification of Disorders (ICD).
- Major psychological disorders include anxiety disorder, somatoform disorder, dissociative disorder, mood disorder, schizophrenia, developmental and behavioural disorders and substance use related disorders

Practise Questions

Multiple Choices

1. In psychology, human behaviour is divided into-
 - (a) Good-bad
 - (b) Normal-abnormal
 - (c) Upper-lower
 - (d) None of the above
2. The word '**Normal**' is derived from -
 - (a) Norma
 - (b) Narman
 - (c) Narme
 - (d) Narna

3. The word '**Norma**' is-
 - (a) Greek
 - (b) Latin
 - (c) English
 - (d) French
4. The word 'psychopathology' means-
 - (a) Disorder of psyche
 - (b) Physical disorder
 - (c) Disorder of muscles
 - (d) None of the above
5. Which of the four **D** described by Cormer is correct?
 - (a) Deviance
 - (b) Danger
 - (c) Dysfunction
 - (d) All of the above
6. Which of the following is not a type of anxiety disorder?
 - (a) Phobias
 - (b) Obsessive compulsive
 - (c) Somatic disorder
 - (d) Panic attack
7. Type of somatic disorder is-
 - (a) Pain disorder
 - (b) Conversion disorder
 - (c) Hypochondriasis
 - (d) All
8. Which of the following is related to substance use disorder –
 - (a) Substance dependence
 - (b) Substance abuse
 - (c) Both a and b
 - (d) None
9. Which of the following can be termed as mood disorder –
 - (a) Schizophrenia
 - (b) Manic Depressive Disorder
 - (c) Delusions
 - (d) Mental retardation
10. Bulimia is a type of disorder in which patient –
 - (a) Feels less hungry
 - (b) Feels more thirsty
 - (c) Feels more hungry
 - (d) Feels less thirsty
11. In mental impairment, the intelligence level of the person is –
 - (a) Above 70
 - (b) Below 70
 - (c) Below 20
 - (d) Below 50
12. Hallucinations and delusions are related to which disorder –
 - (a) Anxiety
 - (b) Schizophrenia
 - (c) Depression
 - (d) Somatoform disorder
13. Positive symptom of schizophrenia includes which of the following –
 - (a) Delusions
 - (b) Hallucinations
 - (c) Disorganised thought and language
 - (d) All of the above
14. Cognitive triad is related to which mental disorder –
 - (a) Depression
 - (b) Anxiety

(c) Personality disorder

(d) Mental retardation

15. Who among the following, first used schizophrenia in place of splitting of personality–

(a) Bleuler

(b) Kreplin

(c) Morel

(d) Freud

Short Questions

1. Explain the meaning of abnormality?
2. Differentiate between normality and abnormality.
3. Briefly explain anxiety disorder.
4. What is phobia?
5. Explain panic disorder.
6. Explain hypochondriasis.
7. Explain somatoform disorder.
8. What does dissociative disorder mean?
9. Explain the meaning of manic-depressive disorder.
10. State the positive and negative symptoms of schizophrenia.
11. What is autism?
12. State the characteristics of hyperactive children.
13. Name the types of developmental disorders?
14. Mention the levels of mental retardation.
15. What is the meaning of substance abuse?

Essay Type Questions

1. Discuss the concepts of normality and abnormality and explain the models of abnormality.
2. Explain the factors influencing abnormal behaviour.
3. Write a note on schizophrenia.
4. Explain behavioural and developmental disorders in detail.
5. What do you understand by anxiety disorder? Explain its different types.
6. Give your interpretation of somatoform and dissociative disorders.

Answers to Multiple-Choice Questions

1	2	3	4	5	6	7	8
B	A	B	A	D	C	D	C
9	10	11	12	13	14	15	
B	C	B	B	D	A	A	