

1. Details of Module and its structure

Module Detail	
Subject Name	Psychology
Course Name	Psychology 03 (Class XII, Semester - 1)
Module Name/Title	Psychological Disorders – Part 1
Module Id	lepy_10401
Pre-requisites	Knowledge of effects of stress on psychological health.
Objectives	After going through the lesson, the learner would be able to: <ul style="list-style-type: none">• Understand the concept of abnormal behaviour.• Understand the history of abnormal behaviour.• Understand the criteria used for classification of psychological disorders.
Keywords	Adaptation, Deviance, Distress, Dysfunctional, Organic Approach, Deinstitutionalisation, Apa, Dsm-5, Icd-10

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Introduction

You might come across people who are unhappy, troubled and dissatisfied. Their minds and hearts are filled with unrest and tension and they feel that they are unable to move ahead in their lives; they feel life is a painful, uphill struggle, sometimes not worth living.

Carl Jung, a famous psychologist, has quite remarkably said, “How can I be substantial without casting a shadow? I must have a dark side, too, if I am to be whole and by becoming conscious of my shadow, I remember once more that I am a human being like any other”.

At times, some of us feel nervous before an important examination, tense and concerned about the future or anxious when someone close to us is unwell. All of us face major problems at some point of our lives. However, some people have an extreme reaction to the problems and stresses of life.

In this concept of psychological disorders, we will try to understand how people over a period of time have tried to understand the concept of abnormality, what are the causes and factors which lead to abnormal behaviour and what are the various signs and symptoms associated with different types of disorders.

The study of psychological disorders has intrigued and mystified all cultures for more than 2,500 years. Psychological disorders or mental disorders (as they are commonly referred to), like anything unusual may make us uncomfortable and uneasy. Instances of discomfort, anxiety, unhappiness and unrealised potential can be found across the world. These setbacks in life are mainly due to failure in adapting to life’s challenges. When we talk of **adaptation**, we refer to a person’s ability to modify behaviour in response to changing environmental requirements. When the behaviour cannot be modified according to the needs of the situation, it is said to be maladaptive. Many a times the cause of abnormal behaviour could be biological in nature.

Abnormal Psychology is the branch of psychology which focuses on maladaptive behaviour – its causes, consequences, and treatment.

The concept of abnormal behaviour and psychological disorders:

Although many definitions of abnormality have been used over the years, none have received universal acceptance. Still, most definitions have certain common features, often called the ‘four Ds’: **deviance**, **distress**, **dysfunction** and **danger**.

That is, psychological disorders are **deviant** – when behaviour, thoughts and feelings of the individual can be different, extreme, unusual, even bizarre, e.g. chronic lying; **distressing** – behaviours, thoughts and feelings that are unpleasant and upsetting to the person and to others around him/her, eg distress due to the thought of leaving the house; **dysfunctional** - interfering with the person’s ability to carry out daily activities in a constructive way, like holding jobs or forming relationships; and possibly **dangerous** or potentially harmful to the person or to others.

This definition is a useful starting point from which we can explore psychological abnormality. Since the word ‘abnormal’ literally means “away from the normal”, it implies deviation from some clearly defined norms or standards. In psychology, we have no ‘ideal model’ or even ‘normal model’ of human behaviour to use as a base for comparison.

Various approaches have been used to distinguish between normal and abnormal behaviours. From these approaches, there emerge two basic and conflicting views:

The **first approach** views abnormal behaviour as a **deviation from social norms**. Many psychologists have stated that ‘abnormal’ is simply a label that is given to a behaviour which deviates from social expectations. Abnormal behaviour, thoughts and emotions are those that differ markedly from a society’s ideas of proper functioning. Each society has **norms**, which are stated or unstated rules for proper conduct. Behaviours, thoughts and emotions that break societal norms are called abnormal. A society’s norms grow from its **culture** — its history, values, institutions, habits, skills, technology, and arts. Thus, a society whose culture values competition and assertiveness may accept aggressive behaviour, whereas one that lays emphasis on cooperation and family values (as in India) may consider aggressive behaviour as unacceptable or even abnormal. Another example could be a particular food habit or a way of greeting others, which might be acceptable in one culture but in another culture it might be considered unacceptable or even derogatory. This assumption that socially accepted behaviour is not abnormal, and that normality is nothing more than conformity to social norms is not a constant. A society’s values may change over time, causing its views of what is psychologically abnormal to change as well.

The **second approach** views abnormal behaviour as **maladaptive**. Many psychologists believe that the best criterion for determining the normality of behaviour is not whether society accepts it but whether it fosters the well-being of the individual and eventually of the group to which one belongs. **Well-being** is not simply maintenance and survival but also includes growth and fulfilment, i.e. the actualisation of potential, as given in Abraham Maslow's Need Hierarchy Theory. According to this criterion, conforming behaviour is abnormal if it is maladaptive, i.e. if it interferes with optimal functioning and growth. For example, a student in the class prefers to remain silent for various reasons when s/he has questions in his mind. Describing behaviour as maladaptive implies that a problem exists; it also suggests that vulnerability in the individual, inability to cope, or exceptional stress in the environment have led to problems in life.

Sometimes when we talk to people around, we note that ideas about psychological disorders are filled with superstition, ignorance and fear. It is a false presumption that psychological disorder is something to be ashamed of. This **stigma**, feeling of shame and embarrassment, attached to mental illness conveys that people are hesitant to consult a doctor or psychologist because they are ashamed of their problems. This leads to people being reluctant to seek help or treatment for fear of being judged or discriminated by society.

It's important for us to be aware that a psychological disorder just indicates a failure in adaptation and should be viewed as any other physical illness.

Some common myths about abnormal behaviour:

Myth: Abnormal behaviour is always bizarre or strange.

Fact: Very often the behaviour of normal people may not differ from that of one experiencing a mental disorder. It is just that feeling distressed after the loss of a loved one is not considered bizarre but feeling distressed on hearing voices in your head is.

Myth: Once people have a disorder, it will continue for life.

Fact: Most people with a disorder can be treated as is the case with a physical ailment.

Myth: Mental illness is caused by a personal weakness.

Reality: No, it is not due to any flaw in character as no one chooses to fall sick. In fact seeking help is a sign of strength and early treatment can produce positive results.

Historical Background:

To understand the concept of psychological disorders, let us discuss briefly how these disorders have been viewed over the ages. When we study the history of abnormal

psychology, we find that certain views have occurred recurrently. One ancient view that is still encountered today holds that abnormal behaviour can be explained by the operation of **supernatural** and **magical** forces such as evil spirits (bhoot-pret), or the devil (shaitan). Exorcism, i.e. removing the evil that resides in the individual through counter magic and prayer, is still commonly used. In many societies, the shaman, or medicine man (ojha) is a person who is believed to have contact with supernatural forces and is the medium through which spirits communicate with human beings. Through the shaman, an afflicted person can learn which spirits are responsible for her/his problems and what needs to be done to appease them.

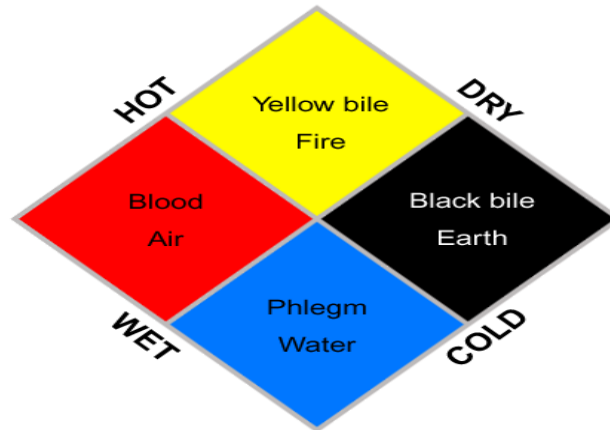
A recurring view in the history of abnormal psychology is the belief that individuals behave strangely because their bodies and their brains are not working properly. This is the **biological or organic** approach. In the modern era, there is evidence that body and brain processes have been linked to many types of maladaptive behaviour. The most famous example is that of **Phineas Gage**, a mild, mannered man, where injury to his frontal lobe rendered him violent and abusive. For certain types of disorders, correcting these defective biological processes results in improved functioning.

Another approach is the **psychological approach**. According to this point of view, psychological problems are caused by inadequacies in the way an individual thinks, feels or perceives the world. For e.g. a person who loses his job may consider himself to be worthless and useless.

All three of these perspectives -- supernatural, biological or organic, and psychological have recurred through history of civilisation. In the ancient western world, it was philosopher-physicians of ancient Greece such as Hippocrates, Socrates, and in particular Plato who developed the **organismic approach** and viewed disturbed behaviour as arising out of conflicts between emotion and reason.

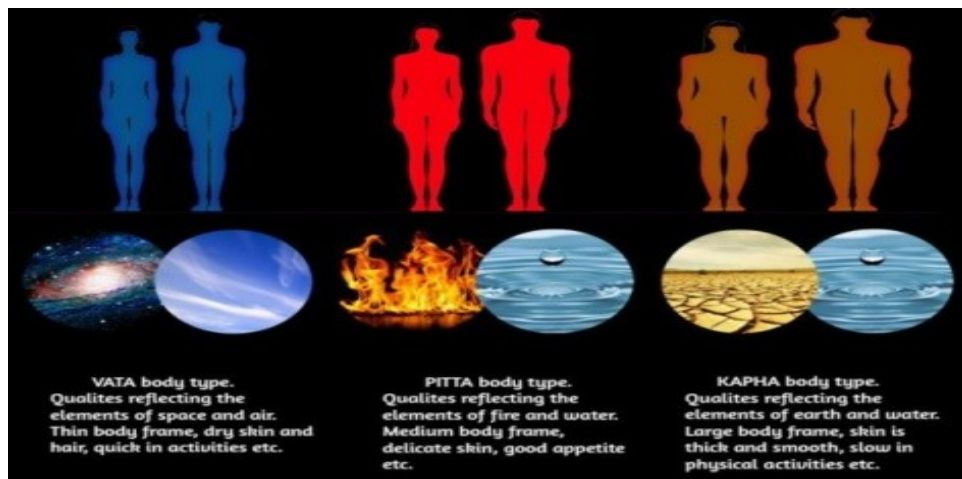
Galen elaborated on the role of the **four humours** in personal character and temperament. According to him, the material world was made up of four elements, viz. earth, air, fire, and water which combined to form four essential body fluids, viz. blood, black bile, yellow bile, and phlegm. Each of these fluids was seen to be responsible for a different temperament. Imbalances among the humours were believed to cause various disorders.

It was Hippocrates (460-377 BC) who propounded the “Four Humours” theory.



Source:https://upload.wikimedia.org/wikipedia/commons/2/2b/4_body_fluids.PNG

This is like the Indian notion of the three doshas of vata, pitta and kapha, which were mentioned in the Atharva Veda and Ayurvedic texts (you can refer to Chapter 2 in Type approach for better understanding).



In the **Middle Ages**, demonology and superstition gained renewed importance in the explanation of abnormal behaviour. Demonology related to a belief that people with mental problems were evil and there are numerous instances of ‘witch-hunts’ during this period. However, during the early Middle Ages, the Christian spirit of charity prevailed, and St. Augustine wrote extensively about feelings, mental anguish and conflict. This laid the groundwork for modern psychodynamic theories of abnormal behaviour.

The **Renaissance Period** was marked by increased humanism and curiosity about behaviour. This was a period of reawakened interest in man and in the surrounding world. Johann Weyer emphasised psychological conflict and disturbed interpersonal relationships as causes of psychological disorders. He also insisted that ‘witches’ were mentally disturbed and required medical, not theological, treatment.

The seventeenth and eighteenth centuries were known as the **Age of Reason and Enlightenment**, as the scientific method replaced faith and dogma as ways of understanding abnormal behaviour. This period was characterised by an emphasis on science and reason over faith and superstition. The growth of a scientific attitude towards psychological disorders in the eighteenth century contributed to the Reform Movement and to increased compassion for people who suffered from these disorders. Reforms of asylums (an institution for the care of mentally ill people) were initiated in both Europe and America. One aspect of the reform movement was the new inclination for **deinstitutionalisation** which placed emphasis on providing community care for mentally ill individuals who had recovered. The focus was on reducing the number of patients, shortening their stay in institutes. By reducing the feelings of dependency and hopelessness, recovery process was hastened.

In recent years, there has been a convergence of these approaches, which has resulted in an interactional, or bio- psycho-social approach. From this perspective, all three factors, i.e. biological, psychological and social play important roles in influencing the expression and outcome of psychological disorders. We can thus see that disorders stem from the complex relationship between psychological, biological and social factors. The psychological factors could include lack of self-esteem, maternal deprivation, lifestyle, coping skills etc. whereas biological factors could be hormonal imbalance, genetic vulnerabilities, chromosomal aberrations, weak physical health etc. and social factors could be family structure, societal labels, effects of war, violence, prejudice etc.

To read more about the historical background of the understanding of psychological disorders refer to:<https://courses.lumenlearning.com/abnormalpsychology/chapter/history-of-abnormal-behavior/>

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. Classifications are useful because they enable users like psychologists, psychiatrists and social workers to communicate with each other about the disorder and help in understanding the causes of psychological disorders and the processes involved in their development and maintenance. The American Psychiatric Association (APA) has published an official manual describing and classifying various kinds of psychological disorders. The current version of it, the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5), presents discrete clinical criteria which indicate the presence or absence of disorders. The classification scheme officially used in India and elsewhere is the tenth revision of the International Classification of Diseases (ICD-10), which is known as the ICD-10 Classification of Behavioural and Mental Disorders. It was prepared by the World Health Organisation (WHO). For each disorder, a description of the main clinical features or symptoms, and of other associated features including diagnostic guidelines is provided in this scheme.