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 2
Module Id	lepy_10402
Pre-requisites	Cognitive aspects of Self and theories of Personality
Objectives	After going through this lesson, the learner would be able to: • Identify the factors which cause abnormal behaviour, • Explain the different models that help in the understanding of abnormal behaviour, and • Describe the major psychological disorders - Anxiety Disorders; Obsessive-Compulsive and Related Disorders
Keywords	Biological Model, Synapse, Neurotransmitter, Diathesis-stress Model, Psychodynamic Model, Behavioural Model, Cognitive Model, Humanistic -Existential Model, Socio-Cultural Factors, Generalised Anxiety Disorder, Panic disorder, Specific phobias, Social phobias, Agoraphobia, Separation Anxiety Disorders, Obsessive-Compulsive and Related Disorders-hoarding disorder, trichotillomania, excoriation.

2. Development Team

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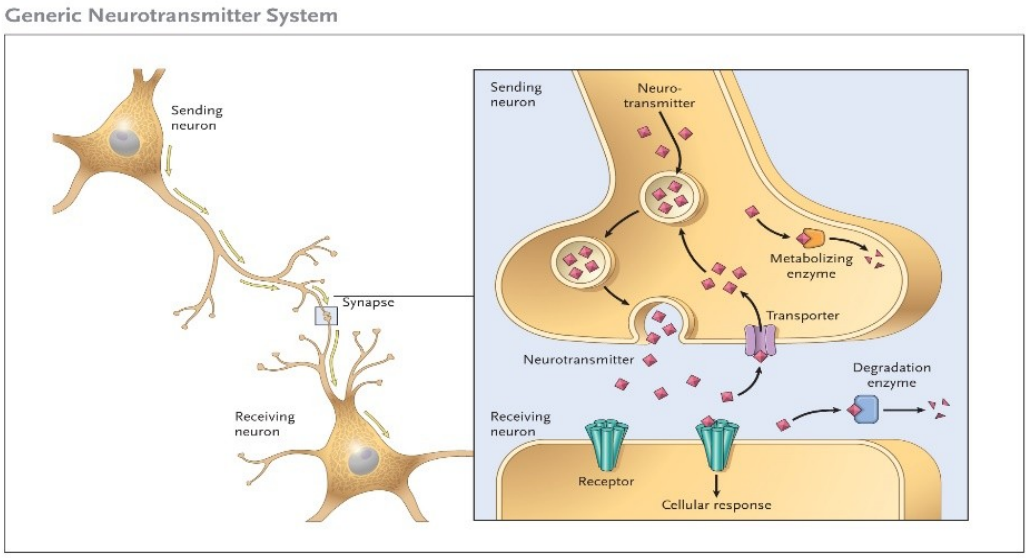
Factors Underlying Abnormal Behaviour

In order to understand something as complex as abnormal behaviour, psychologists use different approaches. Each approach in use today emphasises a different aspect of human behaviour, and explains and treats abnormality in line with that aspect. These approaches also emphasise the role of different factors such as biological, psychological, interpersonal and socio-cultural factors. We will examine some of the approaches which are currently being used to explain abnormal behaviour.

As mentioned before, **biological factors** influence all aspects of our behaviour. A wide range of biological factors such as faulty genes, endocrine imbalances, malnutrition, injuries and other conditions may interfere with normal development and functioning of the human body. These factors may be potential causes of abnormal behaviour. According to the biological model, abnormal behaviour has a biochemical or physiological basis. Biological researchers have found that psychological disorders are often related to problems in the transmission of messages from one neuron to another. A **synapse** (small space between neurons) separates one neuron from the next, and the message must move across that space. When an electrical impulse reaches a neuron's ending, the nerve ending is stimulated to release a chemical, called a **neurotransmitter**. Studies indicate that abnormal activity by certain neuro-transmitters can lead to specific psychological disorders. ***(Image of a synapse).***



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Anxiety disorders have been linked to low activity of the **neurotransmitter gamma aminobutyric acid** (GABA), schizophrenia to excess activity of **dopamine**, and depression to low activity of **serotonin**. As you can recall from Chapter 3, neurotransmitters are chemical messengers that enable neurons to communicate with other neurons. They help communicate messages related to sensation, from the outside world, through our senses, and from internal conditions. They also generate our responses to these sensations.

Genetic factors have been linked to bipolar and related disorders, schizophrenia, intellectual disability and other psychological disorders. Researchers have not, however, been able to identify the specific genes that are the responsible for causing these disorders. It appears that in most cases, no single gene is responsible for a particular behaviour or a psychological disorder. In fact, many genes combine to help bring about our various behaviours and emotional reactions, both functional and dysfunctional.

Although there is sound evidence to believe that genetic/ biochemical factors are involved in mental disorders as diverse as schizophrenia, depression, anxiety, etc. but biology alone cannot account for most mental disorders.

There are several **psychological models** which provide a psychological explanation of mental disorders. These models maintain that psychological and interpersonal factors have a significant role to play in abnormal behaviour. These factors include maternal deprivation (separation from the mother, or lack of warmth and stimulation during early years of life), faulty parent-child relationships (rejection, overprotection, over-permissiveness, faulty discipline, etc.), maladaptive family structures (inadequate or disturbed family), and severe stress like death of a loved one, loss of a job, natural calamity etc.
The psychological models include the psychodynamic, behavioural, cognitive, and humanistic-existential models.

The **psychodynamic** theorists believe that behaviour, whether normal or abnormal, is determined by psychological forces within the person of which the person is not consciously aware. These internal forces are considered dynamic, i.e. they interact with one another and their interaction gives shape to behaviour, thoughts and emotions. Abnormal symptoms are viewed as the result of conflicts between these forces. This model was first formulated by

Sigmund Freud who believed that three central forces shape personality — instinctual needs, drives and impulses (id), rational thinking (ego), and moral standards (superego). Freud stated that abnormal behaviour is a symbolic expression of unconscious mental conflicts that can be generally traced to early childhood or infancy.

Another model that emphasises the role of psychological factors is the **behavioural model**. This model states that both normal and abnormal behaviours are learned and psychological disorders are the result of learning maladaptive ways of behaving. The model concentrates on behaviours that are learned through conditioning and proposes that what has been learned can be unlearned. Learning can take place by classical conditioning (temporal association in which two events repeatedly occur close together in time), operant conditioning (behaviour is followed by a reward), and social learning (learning by imitating others' behaviour). These three types of conditioning account for behaviour, whether adaptive or maladaptive.

Psychological factors are also emphasised by the **cognitive model**. This model states that abnormal functioning can result from faulty thinking patterns. People may hold assumptions and beliefs about themselves that are irrational and inaccurate. People may also repeatedly think in illogical ways and make overgeneralisations, that is, they may draw broad, negative conclusions based on a single insignificant event.

Another psychological model is the **humanistic-existential model** which focuses on broader aspects of human existence. Humanists believe that human beings are born with a natural tendency to be friendly, cooperative and constructive, and are driven to self-actualise, i.e. to fulfil this potential for goodness and growth. Existentialists believe that from birth we have total freedom to give meaning to our existence or to avoid that responsibility. Those who shirk from this responsibility would live empty, inauthentic, and dysfunctional lives.

In addition to the biological and psychological factors, socio-cultural factors such as war and violence, group prejudice and discrimination, economic and employment problems, and rapid social change, put stress on most of us and can also lead to psychological problems in some individuals. According to the **socio-cultural model**, abnormal behaviour is best understood considering the social and cultural forces that influence an individual. As behaviour is shaped by societal forces, factors such as family structure and communication, social networks, societal conditions, and societal labels and roles become more important. It has been found that certain family systems are likely to produce abnormal functioning in individual

members. Some families have an enmeshed structure in which the members are overinvolved in each other's activities, thoughts, and feelings. Children from this kind of family may have difficulty in making their own decisions and might become too dependent on others.

The broader social networks in which people operate include their social and professional relationships. Studies have shown that people who are isolated and lack social support, i.e. strong and fulfilling interpersonal relationships in their lives are likely to become more depressed and remain depressed longer than those who have good friendships. Socio-cultural theorists also believe that abnormal functioning is influenced by the societal labels and roles assigned to troubled people. When people break the norms of their society, they are called deviant and 'mentally ill'. Such labels tend to stick so that the person may be viewed as 'crazy' and encouraged to act sick. The person gradually learns to accept and play the role, and functions in a disturbed manner.

In addition to these models, one of the most widely accepted explanations of abnormal behaviour has been provided by the **diathesis-stress model**. This model believes that people develop a psychological disorder in response to stress because they have an underlying predisposition to the disease. This underlying vulnerability (diathesis) comes from genetics, or biologically predisposing factors. Environmental stressors interact with the diathesis to trigger a psychological disease in a person.

This model has three components. The *first* is the diathesis or the presence of some biological aberration (deviation) which may be inherited. The *second* component is that the diathesis may carry a vulnerability to develop a psychological disorder. Vulnerability explains why an individual while facing stress, might develop depression or any other psychiatric disorder while someone else, facing the same stress, does not. This is because the level of diathesis (genetic or biological) and resilience varies from one person to the other, people vary in how they respond. Therefore, the person is 'at risk' or 'predisposed' to develop the disorder. The *third* component is the presence of pathogenic stressors, i.e. factors/ stressors that may lead to psychopathology. In other words all those stress factors, which can range from stressors like home environment to ones like a chronic disease, interact with an individual's predisposition leading to psychological disease. In other words, if such "at risk" persons are exposed to these stressors, their predisposition may evolve into a disorder. This model has been applied to several disorders including anxiety, depression, and schizophrenia.

The key characteristics of each model are summarised in the table below:

Biological	**Psycho dynamic**	**Behavioural**	**Cognitive**	**Humanistic Existential**	**Socio-Cultural**	**Diathesis Stress**
Faulty genes, endocrine imbalances, malnutrition, injuries Chromosomal aberration-abnormal neurotramsmitter activity	Psychological disorders stem from early childhood experiences and unresolved unconscious conflicts usually sexual or aggressive in nature	As per this view, people who exhibit abnormal behaviour either are victims of faulty learning or have failed to learn appropriate patterns of thinking and acting.	Faulty thinking or distorted perceptions can contribute to development of the disorders	Psychological disorders result when a person's natural tendency towards self-actualization is blocked	Societal factors, such as family structure, social networks, societal conditions, and societal labels and roles contribute towards maladaptive functioning in an individual.	Psychological disorders develop when a diathesis is set off by a stressful situation. The model has three components- i) biological aberration ii) predisposition iii) pathogenic stressor

Major Psychological Disorders

Let's look at some major psychological disorders:

1. **Anxiety Disorders**

One day while driving home, Deb felt his heart beating rapidly, he started sweating profusely, and even felt short of breath. He was so scared that he stopped the car and stepped out. In the next few months, these attacks increased and now he was hesitant to drive for fear of being caught in traffic during an attack. Deb started feeling that he will not be alive and would soon die. Due to this thought, he started remaining indoors and then refused to move out of the house.

We all experience anxiety when we are waiting to take an examination, or to visit a dentist, or before playing a match or even to give a solo performance on stage. This is normal and expected and even motivates us to do our task well. On the other hand, high levels of anxiety

that are distressing and interfere with effective functioning indicate the presence of an anxiety disorder — the most common category of psychological disorders. Everyone has worries and fears. The term **anxiety** is usually defined as a diffuse, vague, very unpleasant feeling of fear and apprehension. The anxious individual also shows combinations of the following symptoms: rapid heart rate, shortness of breath, diarrhoea, loss of appetite, fainting, dizziness, sweating, sleeplessness, frequent urination and tremors. There are many types of anxiety disorders.

These include **generalised anxiety disorder** (GAD), which consists of prolonged, vague, unexplained and intense fears that are not attached to any specific object. The symptoms include worry and apprehensive feelings about the future; hypervigilance, which involves constantly scanning the environment for dangers. It is marked by motor tension, as a result of which the person is unable to relax, is restless, and visibly shaky and tense. The case study given below shows an individual dealing with symptoms of Generalised Anxiety disorder:

Anila, 27 years old, is often nervous and can be seen wringing her hands, crossing and uncrossing her legs repeatedly and often playing with her strands of hair. Her arguments at work and with family members have also increased in the last few months and she continues to feel nervous throughout the day as if expecting something to happen. Just the sound of doorbell and phone makes her heart beat fast and her breathing becomes rapid. She had started to isolate herself from people when she finally decided to see a psychologist.

Another type of anxiety disorder is **panic disorder**, which consists of recurrent anxiety attacks in which the person experiences intense terror. This disorder is characterised by a fear of disaster or of losing control, even when there is no danger. A panic attack denotes an abrupt surge of intense anxiety rising to a peak when thoughts of a particular stimuli are present. Such thoughts occur in an unpredictable manner. The clinical features include shortness of breath, dizziness, trembling, palpitations, choking, nausea, chest pain or discomfort, fear of losing control or dying. The case vignette given below might help us to understand this disorder:

One day, without any warning or reason, Ronit experienced intense anxiety where he felt everything is crashing down on him. He felt he was choking and was gasping for breath. He was sweating profusely and seemed he had no control over his feelings. After what

seemed like an eternity, he felt his breathing slowing and the feeling of fear reducing. But this episode left him totally drained and exhausted. Soon these attacks started to occur every couple of weeks when he decided to seek help.

Phobias are another type of anxiety disorder. It is possible that you might have met or heard of someone who is afraid to travel in a lift or climb to a high rise building or refused to enter a room on seeing a lizard, rat or cockroach. You may have also felt it yourself or seen a friend unable to speak a word of a well-memorised and rehearsed speech before an audience. These kinds of fears are termed as **phobias**. People who have phobias have irrational fears related to specific objects, people, or situations. Phobias often develop gradually or begin with a generalised anxiety disorder. Phobias can be grouped into three main types, i.e. **specific phobias, social phobias, and agoraphobia**.

Specific phobias are the most commonly occurring type of phobia. This group includes irrational fears such as intense fear of a certain type of animal, or of being in an enclosed space.

Intense and incapacitating fear and embarrassment when dealing with others characterises **social anxiety disorder (social phobia)**.

Agoraphobia is the term used when people develop a fear of entering unfamiliar situations. Many people with agoraphobia are afraid to leave their homes. So, their ability to carry out normal life activities is severely limited.

A case vignette on phobias is given below:

Mr S, a 30 years old executive, is afraid to use the lift to go beyond the 3rd floor of any building. When he tried, he was overwhelmed with anxiety. After several months this executive gave up work and decided to become a sales person so that he could work only at basement level of a building and did not have to use the lift.

Separation anxiety disorder (SAD) is another type of anxiety disorder. Individuals with separation anxiety disorder are fearful and anxious about separation from attachment figures to an extent that is developmentally not appropriate. Children with SAD may have difficulty being in a room by themselves, going to school alone, are fearful of entering new situations, and cling to and shadow their parents' or attachment figures every move. To avoid separation, children with SAD may fuss, scream, throw severe tantrums, or make suicidal gestures.

While many people associate separation anxiety with children, adults can experience this condition as well. The case vignette given below will help to identify the anxiety faced by this disorder:

A 13-year–old boy often experienced anxiety when he would be away from home with friends and being away from his mother. His anxiety was accompanied by a fear that something would happen to his mother and that she would not be able to return to pick him up. This real or anticipated fear, would result in experiencing fear, worry, trembling, sweating, "stomach churning," and crying. He also recalled to his therapist later about having a repetitive nightmare in which his mother died and he was unable to help her.

Obsessive-Compulsive and Related Disorders

Mohan a 30-year-old, performed checking rituals which were preceded by fear of harming other people. While driving his car he had to get down repeatedly to check whether he had run over people. Before flushing the toilet, he needed to check to be sure that there was no live insect into it. At home he would repeatedly check doors, windows, gas stove, lights to switch them all off. He continued to perform these and other checking rituals for at least four hours every day.

Have you ever noticed someone washing their hands every time they touch something, or washing even things like coins, or stepping only within the patterns on the floor or road while walking? People affected by obsessive- compulsive disorder are unable to control their preoccupation with specific ideas or are unable to prevent themselves from repeatedly carrying out a random act or series of acts that affect their ability to carry out normal activities**. Obsessive behaviour** is the inability to stop thinking about an idea or topic. The person involved, often finds these thoughts to be unpleasant and shameful.

Compulsive behaviour is the need to perform certain behaviours repeatedly. Many compulsions deal with counting, ordering, checking, touching and washing.

Other disorders in this category include **hoarding** (collect and store large quantities of something secretly) **disorder**, **trichotillomania** (hair-pulling disorder), **excoriation** (skin-picking) disorder.

Generalised anxiety disorder	**Panic disorder**	**Phobia**	**Separation anxiety disorder**	**Obsessive compulsive and related disorders**
rapid heart rate, shortness of breath, diarrhoea, loss of appetite, fainting, dizziness, sweating, sleeplessness, frequent urination and tremors.	shortness of breath, trembling, palpitations, choking, nausea, chest pain or discomfort, fear of losing control or dying.	irrational fears related to specific objects, people, or situations. Intense and incapacitating fear and embarrassment	cling to attachment figures, fuss, scream, throw severe tantrums, or make suicidal gestures	inability to stop thinking about an idea or topic. need to perform certain behaviours repeatedly -Hair pulling -Hoarding -Skin Picking