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 4
Module Id	lepy_10404
Pre-requisites	Classification of Psychological Disorders and various factors underlying the disorders
Objectives	After going through this lesson, the learners would be able to- • To describe the Neurodevelopmental Disorders, eating disorders and Substance Related and Addictive disorders.
Keywords	Neurodevelopmental Disorders, Autism Spectrum Disorders, Attention Deficit, Hyperactivity, Oppositional Defiant, Conduct Disorder, Proactive Aggression, Anorexia Nervosa, Bulimia Nervosa, Binge Eating

2. Development Team

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A common feature of the neurodevelopmental disorders (deficits arising from abnormal brain development or damage at an early age) is that they manifest in the early stage of development. Often the symptoms appear before the child enters school or during the early stage of schooling. These disorders result in hampering personal, social, academic and occupational functioning. These get characterised as deficits or excesses in a particular behaviour or delays in achieving a particular age-appropriate behaviour. We will now discuss several disorders like **Attention-Deficit/Hyperactivity Disorder (ADHD), Autism Spectrum Disorder, Intellectual Disability, and Specific Learning Disorder**. These disorders, if not attended, can le ad to more serious and chronic disorders as the child moves into adulthood.

Attention-Deficit/Hyperactivity Disorder (ADHD)

The two main features of ADHD are **inattention** and **hyperactivity**- impulsivity. Children who are **inattentive** find it difficult to sustain mental effort during work or play. They have a hard time keeping their minds on any one thing or in following instructions. Common complaints are that the child does not listen, cannot concentrate, does not follow instructions, is disorganised, easily distracted and forgetful, does not finish assignments, and is quick to lose interest in boring activities. Children who are **impulsive** seem unable to control their immediate reactions or to think before they act. They find it difficult to wait or take turns, have difficulty resisting immediate temptations or delaying gratification. Minor mishaps such as knocking things over are common whereas more serious accidents and injuries can also occur. **Hyperactivity** also takes many forms. Children with ADHD are in constant motion. Sitting still through a lesson is impossible for them. The child may fidget, squirm, climb and

run around the room aimlessly. Parents and teachers describe them as ‘driven by a motor’, always on the go, and talk incessantly.

Autism Spectrum Disorder is characterised by widespread impairments (deficits) in social interaction and communication skills, and stereotyped patterns of behaviours, interests and activities. Children with autism spectrum disorder have marked difficulties in social interaction and communication across different contexts, a restricted range of interests, and strong desire for routine.

About 70 per cent of children with autism spectrum disorder have intellectual disabilities. Children with autism spectrum disorder experience profound difficulties in relating to other people. They are unable to initiate social behaviour and seem unresponsive to other people’s feelings. They are unable to share experiences or emotions with others. They also show serious abnormalities in communication and language that persist over time. Many of them never develop speech and those who do, have repetitive and deviant speech patterns. Such children often show narrow patterns of interests and repetitive behaviours such as lining up objects or stereotyped body movements such as rocking. These motor movements may be self-stimulatory such as hand flapping or self-injurious such as banging their head against the wall. Due to the nature of these difficulties in terms of verbal and non-verbal communication, individuals with autism spectrum disorder tend to experience difficulties in starting, maintaining and even understanding relationships.

Intellectual disability refers to below average intellectual functioning (with an IQ of approximately 70 or below), and deficits or impairments in adaptive behaviour (i.e. in the areas of communication, self-care, home living, social/interpersonal skills, functional academic skills, work, etc.) which are manifested before the age of 18 years.

Table: Characteristics of Individuals with Different Levels of Intellectual Disability

Area of Functioning	Mild (IQ range = 55 to approximately 70)	Moderate (IQ range = 35–40 to approximately 50–55)	Severe (IQ range = 20–25 to approximately 35–40) and Profound (IQ = below 20–25)
Self-help Skills	Feeds and dresses self and cares for own toilet needs	Has difficulties and requires training but can learn adequate self-help skills	No skills to partial skills, but some can care for personal needs on limited basis
Speech and Communication	Receptive and expressive language is adequate; understands communication	Receptive and expressive language is adequate; has speech problems	Receptive language is limited; expressive language is poor
Academics	Optimal learning environment; third to sixth grade	Very few academic skills; first or second grade is maximal	No academic skills
Social Skills	Has friends; can learn to adjust quickly	Capable of making friends but has difficulty in many social situations	Not capable of having real friends; no social interactions
Vocational Adjustment	Can hold a job; competitive to semi-competitive; primarily unskilled work	Sheltered work environment; usually needs consistent supervision	Generally no employment; usually needs constant care
Adult Living	Usually marries, has children; needs help during stress	Usually does not marry or have children; dependent	No marriage or children; always dependent on others

In **Specific learning disorder**, the individual has trouble in perceiving or processing information efficiently and accurately. These get manifested during early school years and the individual encounters problems in basic skills in reading, writing and/or mathematics. The affected child tends to perform below average for her/his age. However, individuals may be able to reach acceptable performance levels with additional inputs and efforts. Specific learning disorder is likely to impair functioning and performance in activities/ occupations dependent on the related skills.

Disruptive, Impulse-Control and Conduct Disorders

The disorders included under this category are **Oppositional Defiant Disorder, Conduct Disorder** and others. Children with **Oppositional Defiant Disorder** (ODD) display age-inappropriate amounts of stubbornness, are irritable, defiant, disobedient, and behave in a hostile manner. Individuals with ODD do not see themselves as angry, oppositional, or defiant and often justify their behaviour as reaction to circumstances/demands. Thus, the symptoms of the disorder become entangled with the problematic interactions with others.

The terms **conduct disorder and antisocial behaviour** refer to age-inappropriate actions and attitudes that violate family expectations, societal norms, and the personal or property rights of others. The behaviours typical of conduct disorder include aggressive actions that cause or threaten harm to people or animals, non- aggressive conduct that causes property damage, major deceitfulness or theft, and serious rule violations. Children show many different types of aggressive behaviour, such as **verbal aggression** (i.e. name-calling, swearing), **physical aggression** (i.e. hitting, fighting), **hostile aggression** (i.e. directed at inflicting injury to others), and **proactive aggression** (i.e. dominating and bullying others without provocation).

Feeding and Eating Disorders

Another group of disorders which are of special interest to young people are **eating disorders.** These include **anorexia nervosa, bulimia nervosa, and binge eating**.

14 year old Shan came from an educated middle class family that enjoyed good health and stable relationships. He was brought by his mother to the hospital for refusing to eat which had led to severe weight loss and generalised weakness. His condition began 6 months prior when his friends teased him about his plumpness and greedy appetite. Consequently, he started restricting his food and indulging routinely in extensive exercise. He was obsessed with body shape. His food intake decreased rapidly until his daily meal became no more than a bowl of curd and few pieces of cucumber. His mother reported episodes of irritability and depressed mood with the decrease in weight.

In **anorexia nervosa**, the individual has a distorted body image that leads her/ him to see herself/himself as overweight. Often refusing to eat, exercising compulsively and developing unusual habits such as refusing to eat in front of others, the person with anorexia may lose large amounts of weight and even starve herself / himself to death.

In **bulimia nervosa**, the individual may eat excessive amounts of food, then purge (act of expelling food that has just been eaten) her/his body of food by using medicines such as laxatives or diuretics or by vomiting. The person often feels disgusted and ashamed when s/he binges and is relieved of tension and negative emotions after purging. Often seen in bulimia, purging is the second action in the strategy of “binging and purging”. It is a strategy to avoid any type of weight gain in those individuals obsessed with their weight.

In **binge eating**, there are frequent episodes of out-of-control eating. The individual tends to eat at a higher speed than normal and continues eating till s/he feels uncomfortably full. In fact, large amount of food may be eaten even when the individual is not feeling hungry.

How is a Binge eating disorder different from Bulimia Nervosa?

Unlike people with binge eating disorder, people who have bulimia nervosa try to prevent weight gain after binge eating by vomiting, using laxatives or diuretics, fasting or exercising too much.

Substance-Related and Addictive Disorders

Addictive behaviour, whether it involves excessive intake of high calorie food resulting in extreme obesity or involving the abuse of substances or intoxicants such as alcohol or cocaine, is one of the most severe problems being faced by society today. Disorders relating to maladaptive behaviours resulting from regular and consistent use of the substance involved are included under substance related and addictive disorders. These disorders include problems associated with the use and abuse of alcohol, cocaine, tobacco and opioids among others, which alter the way people think, feel and behave.

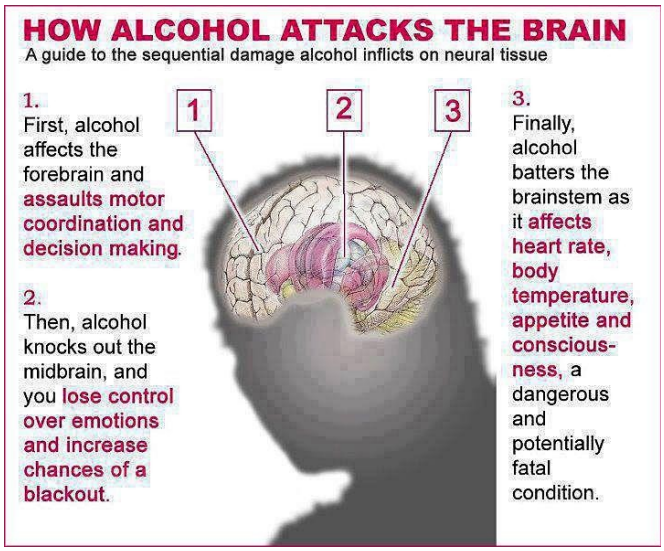
How are substance use and substance abuse different?

Substance use is use of a substance in a permissible range and may not be a problem to the person or lead to abuse. Substance abuse is when someone continues to use substances even when it causes problems, such as trouble with work, family or their health.

While there are many disorders listed under this category, some frequently used substances included are:

(i) **Alcohol**: People who abuse alcohol drink large amounts regularly and rely or depend on it to help them face difficult situations. Eventually the drinking interferes with their social behaviour and ability to think and work. Their bodies then build up a **tolerance** for alcohol and they need to drink even greater amounts to feel its effects. They also experience **withdrawal (**the unpleasant physical and mental effects that result when you stop taking something especially a drug, that has become a habit) responses when they stop drinking. Alcoholism destroys millions of families, social relationships and careers. Intoxicated drivers are responsible for many road accidents. It also has serious effects on the children of

persons with this disorder. These children have higher rates of psychological problems, particularly anxiety, depression, phobias and substance-related disorders. Excessive drinking can seriously damage physical health.



Some of the ill-effects of alcohol on health and psychological functioning are presented in Box

Effects of Alcohol:

Some Facts

- *All alcohol beverages contain ethyl alcohol.*
- *This chemical is absorbed into the blood and carried into the central nervous system (brain and spinal cord) where it depresses or slows down functioning.*
- *Ethyl alcohol depresses those areas in the brain that control judgment and inhibition; people become more talkative and friendly, and they feel more confident and happier.*
- *As alcohol is absorbed, it affects other areas of the brain. For example, drinkers are unable to make sound judgments, speech becomes less careful and less clear, and memory falters; many people become emotional, loud and aggressive.*
- *Motor difficulties increase. For example, people become unsteady when they walk and clumsy in performing simple activities; vision becomes blurred and they have trouble in hearing; they have difficulty in driving or in solving simple problems.*

(ii) **Heroin:** Heroin intake significantly interferes with social and occupational functioning. Most abusers further develop a **dependence** on heroin, which means that they can't stay without revolving their lives around the substance, building up a tolerance for it, and experiencing a withdrawal reaction when they stop taking it. The most direct danger of heroin abuse is an overdose, which slows down the

respiratory centres in the brain, almost paralysing breathing, and in many cases causing death.

(iii) **Cocaine:** Regular use of cocaine may lead to a pattern of abuse in which the person may be intoxicated throughout the day and function poorly in social relationships and at work. It may also cause problems in short-term memory and attention. Dependence may develop, so that cocaine dominates the person's life, more of the drug is needed to get the desired effects, and stopping it results in feelings of depression, fatigue, sleep problems, irritability and anxiety. Cocaine use can lead to serious dangers. It has dangerous effects on psychological functioning and physical well-being.

Some of the commonly abused substances are given in Box

Commonly Abused Substances (Following the DSM-5 Classification)

- *Alcohol*
- *Stimulants: dextroamphetamines, metaamphetamines, cocaine*
- *Caffeine: coffee, tea, caffeinated soda, analgesics, chocolate, cocoa*
- *Cannabis: marijuana or 'bhang'*
- *Hallucinogens: LSD, mescaline*
- *Inhalants: gasoline, glue, paint thinners, spray paints, typewriter correction fluid, sprays*
- *Tobacco: cigarettes, bidi*
- *Opioid: morphine, heroin, cough syrup, painkillers (analgesics, anaesthetics)*
- *Sedatives, Hypnotics or Anxiolytics: sleeping pills, anti-anxiety medication*

Picture showing the heroin withdrawal symptom.