

Module-3

Adjustment- Range of Reactions

Human behaviour: Psychological and social interpretations and significance

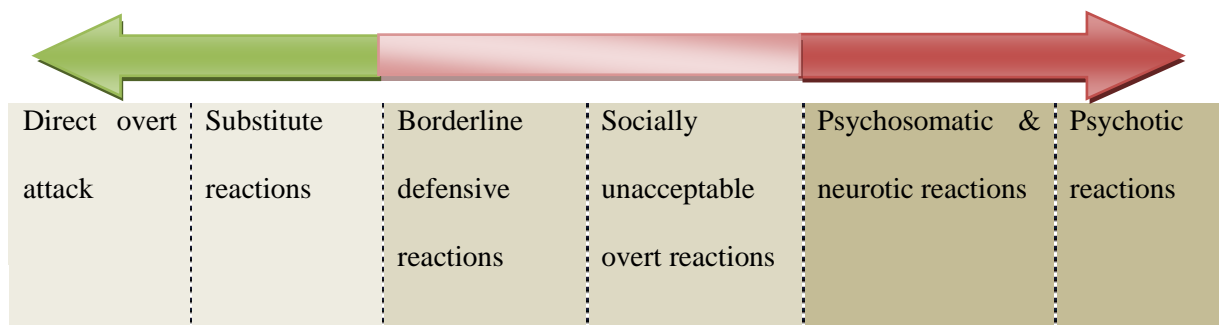
In the first unit we looked at how “normality” is defined in the society. Then we looked at the dimensions of subjective adjustments. Let us now look at a scenario where an individual is not able to accomplish a socially highly desired result. What could be reaction of such an individual? Let us take example of a highly desired social behaviour— societal pressure on married women of our society to deliver a baby at the earliest. This will help us understand the wide range of possibilities of behavioural outcome that a human being is capable of manifesting. We are aware of the dichotomies that exist in this culture. The example at hand is of a married woman of this culture who is not able to procreate. What are the possible forms of behavioural outcomes in such a situation? We would look at the possible forms of behaviour and also see whether it is abnormal, subnormal or normal. We shall also examine them in terms of social, psychological and legal acceptance.

It is important to look at the behavioural outcomes in terms of their clinical significance. Socially speaking, by clinical significance what is meant is that the behavioural outcomes can be tested to determine whether one is in a sane state of mind or not. Psychologically speaking, the behaviour is looked in terms of their appropriateness and the purpose it serves. In technical terms, these behavioural outcomes are referred to as direct overt responses, damage repair mechanism or defense mechanism. Manifested behaviours not fitting this spectrum may be indicative of behavioural aberration. You have a task at hand; you decided the strategy and then executed it. Such behaviour is also called direct overt attack. Second set of behaviour are where while interpreting the situation or while executing the plan you come across a situation where you realise that damage has been caused to your

ego. This increases the possibility of colouring the behaviour in certain ways that are called damage repair mechanisms. Primarily they are also behavioural outcomes, but basically directed to repair the damaged ego. The third set of responses is elicited when the situation is considered to be extremely volatile inwardly. Unconsciously one can sense embedded danger in the situation and therefore adopt an unconscious mechanism called defense mechanism.

Let us revert back to the example. Just after this example we will once again begin with maintenance need of human beings and at the end of it we will be talking about the defense and the damage repair mechanisms at length. Different married women of this culture who are not able to procreate might react in different ways. Psychologically, a possible reaction would fall somewhere within the spectrum of behaviour. This spectrum ranges from normal to subnormal and to abnormal pattern of behaviour. The figure given below illustrates the spectrum of possible reactions. Let us look at the various possibilities.

Spectrum of human reactions and their nature



What are the possibilities in direct overt attack situations? First of all, a decision to have a thorough examination and diagnosis by a competent physician. One presumes that this problem could have a physiological origin and therefore a need arises to see a competent physician. Realising that the problem does not lie in the female she prevails upon her husband to undergo a possible examination for sterility. Both are found healthy in the examinations.

Then there are many medical, surgical or behavioural techniques that the doctor suggests and they go for one of them so as to fulfil a personal and social obligation. All the three responses would be considered as direct overt attacks— a problem at hand, strategy is fabricated and it is executed. It has non-uniform social acceptability. Thorough examination of female has wide acceptability, although in the case of males, thorough examination can be seen to cause offense to them. In terms of social acceptability, as a process it is acceptable. In practice you find resistance in certain quarters. Psychologically and legally it has acceptance.

If these strategies do not help, then the possibility is that the couple adopts a child. Alternatively, someone may become a teacher dealing with children, a paediatrician or a paediatric nurse. One might adopt pets or fight for prevention against cruelty on animals. Psychologically, these are substitute reaction. What you find here is that the craving for one's own biological baby is being substituted by another highly socially desirable form of behaviour. Adopting a child, becoming a nurse or a paediatrician, fighting for cruelty against animals all of this has wide social acceptance. Fortunately the society does not consider these reactions to be substitute reactions; instead you are considered philanthropic and altruistic in nature. Psychologically this is a substitute reaction but socially a desired form of behaviour. They are clinically, psychologically and legally accepted responses. Both the discussed responses are normal in nature.

If one still does not adopt either of the reactions discussed so far, then they can resort to defense mechanisms. These mechanisms are unconsciously adopted by us. One might display *rationalization*, thus insisting upon the blessing of being childless. One can explain how being childless helped her achieve things that those with children could not. Someone might adopt the strategy of *projection*. One can blame parents for neglecting and not giving proper care and nutrition in the formative years which ultimately resulted into sterility. The blame of biological deficiency and social incompetency is projected on the parents. Another

possibility could be *regression*. It is a technique where one tends to revert back to the earlier period of one's life which according to the person concerned had been very pleasurable. For example, if your childhood was pleasurable, in the state of regression you would try to become a child. The phase chosen as most pleasurable is one in which there is minimum demand and maximum freedom. Childhood has minimum demand and maximum freedom. You are even free to throw tantrums— “if I am not given this toy, I will not eat”. After growing up most of them are considered to be non replicable behaviours. You are not supposed to repeat such things as an adult. So, you regress back to your adolescent years. Although you may be in your 40s when you are experiencing this situation, you may tend to dress and behave like an adolescent. This is regression. Behaviourally you are reverting back to 18 years of age when you enjoyed your life in the best possible manner without any social obligations. You are somewhere trying to adopt a strategy that defeats your chronological age and thereby mentally you are enjoying the state of adolescence. Once you start growing you are not socially allowed to exhibit such behaviours as you are considered immature.

There is a possibility of *day dreaming* where one chooses the best child from the neighbourhood and fantasize the child to be her own. The person concerned enjoys that mental state. One can have *reaction formation*, which is the condition where you overtly show a behaviour which is exactly opposite to what you internally feel. So, externally I show extreme love for you and internally I hate you like anything. It appears to be unbelievable kind of strategy where you outwardly reject but inwardly love like anything. This is Reaction Formation. If this is developed and used as a technique in this case then one develops aversion for the child. Inwardly you want a child, you are craving for the child and outwardly you show as if you have an aversion for children. Now, socially speaking these behaviours are perfectly okay. Some of them are borderline cases, even in terms of social acceptance. In our society, for example, if you show aversion to children you are not considered to be a sane

individual. There are certain prerequisites such as love for kids, respect for gods, love and respect for elderly members in our society for evaluating someone as socially “sane”. Therefore, if you show aversion to kids you face certain degree of social unacceptability. Psychologically speaking, all of them are considered to be defense mechanisms. These defenses help safeguarding the ego. One still does not envelop oneself with the blame that I am responsible for being childless. The pain of childlessness is overcome after utilizing any of these defense mechanisms and hence psychologically speaking they are all acceptable. In case you are dragged to the court of law arguing how detrimental your survival is to the society as you show aversion to children and if it is clinically proven that your behaviour was guided by certain psychological state, then you can be acquitted. This is the legal framework when it comes to borderline defense reactions. Remember that the first two reactions, direct overt attacks and socially acceptable substitutes, are normal set of behaviours. They may be borderline cases but completely normal considering the intensity of the behaviour.

Now we come to certain forms of overt behaviour that are socially unacceptable; and here lies the controversy. You indulge in sexual promiscuity, you contract multiple marriages or you resort to alcoholism and drug abuse in order to forget the negative experiences arising out of remaining childless. According to our social norms all of them are unacceptable. Legally also they are mostly unacceptable. What happens to such type of behaviour when you look at them from psychological point of view? When you resort to alcoholism or drug addiction, though socially unacceptable, if somewhere it helps you to overcome the deep sense of vacuum that your life experience is throwing you towards, clinically it is still considered to be an acceptable behaviour that needs intervention to come out of it. You have landed up in a situation and this is a stage from where you can be helped to revert back to normal life. Clinically any such behaviour is not considered to be right or wrong, as psychology never interprets behaviour in terms of rights or wrongs. In such state,

psychologically speaking the question is the whether you can be helped to revert back to normalcy or not; and the answer is always yes. For intense cases, you need more time and for cases not so acute, it is much easier but such behaviour will not be looked upon as acceptable or unacceptable but only whether you can be helped to revert back to normal state or not. The practitioner will think of a suitable intervention.

In terms of relationships individuals are usually looked upon from two viewpoints—your ability to initiate relationships and your ability to maintain them. When it comes to multiple marriages, psychologically speaking you are not interested in marriage as an institution, rather interested in the understanding that you are having problems in terms of maintaining relationships. Remember, most of us are good at initiating relationships and not good at maintaining them. You will find that many people who are not good at initiating are otherwise good at maintaining relationships. You can see for example if ten of you are made to sit together in a small room you will find that there are people who will talk to the person sitting next to them and many of us tend to keep quiet till someone else takes initiative. Meaning you do not take initiative but once initiated you try your best to maintain it. Psychologically multiple marriages might be analyzed in terms of the reason why there was a need for you to desert your present partner and go ahead with a new relationship. Was that a problem of maintaining a relationship? Do you have problem in providing stability to a relationship? So, we are discussing in terms of stability and strength you provide to a relationship; and strength in relationship here means that even if you face adverse situation in life you ensure that the relationship will not get dismantled. My suffering does not matter much but the relationship should remain intact. We try our best not to harm that. Multiple marriages from psychological point of view will be analyzed in this form.

Indulgence in sexual promiscuity has social, legal and psychological unacceptability. Usually the reason why it is considered to be psychologically detrimental is that you engage

in an activity that you yourself do not appreciate. So, you do not have a positive interpretation of this behaviour but out of certain life compulsion you are practicing it. That means that this will never fetch you stability and happiness in life. In terms of interpretation, one has to be a little sensitive to the fact that I have landed up in a situation which I did not design. For example, you did not decide to be a lady, you did not decide to be a part of this culture and social demand, you did not choose to be childless, and not to adopt one or the other defense mechanism. So, you were not voluntarily involved at any stage. When the psychologist analyzes that you, his/her client, is adopting, say rationalizing as a technique, he does not reveal it to you. He/she might tell the client that there are several conditions in life where you have to find justification and this act of yours is justifiable to certain extent. So, the client's practices are endorsed because it is not detrimental to the client or to the society. Cases where the behaviour is found to be detrimental to the client or to the society, immediate intervention is necessary. Say, if you are working for extra care for animals, it is perfectly all right. Very nicely you have come to a mechanism which helps you. If a psychologist snatches that opportunity from you, you are again back to square one and you have to think of a new strategy and you are aware at this stage of the fact that the previous strategy was a defense mechanism. So, you used to have a defense and are now poorly defenceless. There are certain realizations that are shared. The therapist/ counsellor who belongs to the same culture knows what the cultural demands are and what clinically the nature of the case is, might decide that at this point in time it is better to not reveal certain things to the client directly. At times you have to be sensitive where in you practice intelligent ignorance. Say you have done something which you want to hide from your father. Your father knows about it but he ignores it. You realize that your father knows about it but has decided that there was no point talking about it at this time.

We discussed cases such as direct overt attacks, socially acceptable substitute reactions, borderline cases and lastly socially, legally and psychologically unacceptable cases. Now we move on to the other set of responses which are socially and personally handicapping. One might have a neurotic pattern of adjustment. For instance, one might develop functional amenorrhea and hence suffers from morning sickness and other symptoms or suffer from pseudo pregnancy. All these behaviours are of clinical nature. These are behaviours where you do not harm anybody else. Therefore, this behaviour is classified differently than cases where you show certain other kinds of behaviour. What happens in amenorrhea for example? It is a state when the menstrual cycle stops or when one shows morning sickness. These are indicators of pregnancy. Enlargement of the abdominal area is again a symptom of pregnancy. In all these cases the behaviour is not detrimental to the society. But the mental state governing these somatic symptoms is a cause of concern.

These symptoms have psychological origin and they help you in achieving the state which you yourself want. Therefore you develop it as part of your biological symptoms. These are handicapping in nature as they stunt your growth as an individual. You are involved in symptoms which you are not suffering from in reality. Socially also they are handicapping as you are not contributing to the social growth and therefore you are not acting like an active member of the society.

Then the last set of behaviour is **psychotic** pattern of adjustments. The difference between **psychotic and neurotic** patterns of adjustment is that the latter patterns are of **lower intensity**; some behavioural intervention by a competent counsellor or a psychologist and the problem is solved. Psychotic symptoms are grave in nature and you should consult a psychiatrist in this case rather than a counsellor. Certain degree of medication is also needed in this case. In psychotic patterns you have delusion of persecution. Psychologically we divide experiences in terms of real life experiences, illusions, delusions and hallucinations.

Experiences are the real events. Illusions are where you have actual sensations. In terms of biological processing of the stimuli, you have received stimulation, your biological system has processed it but when you assign meaning to it you commit an error. For example, you are walking and suddenly you hear a sound, you think someone may be there. The sound was there but you perceived it wrongly. Delusion is the case where the actual stimulus is not present in the form that you perceive. There are three kinds of delusions— delusion of reference, delusion of grandeur, and delusion of persecution. For example I see people talking in class and I think of myself. What are they talking about? I think, they must be blaming me for something. This is delusion of reference. Who so ever is talking is talking about me and the talk about me will never have positive content. So, the perception is negatively oriented. Delusion of grandiose means the sense that no one is better than me. Here two things are possible. One, you puff your own image and make it much bigger. In the other case, we chop the other person's image. As a result our image becomes relatively bigger. Delusion of persecution means statements like, "What were they talking? May be they are planning to kill me" or "Somebody over there, I think, is keeping an eye on me and would harm me". You also may have delusions of being drugged or raped. You believe the reason of not being able to conceive a baby is that God wants to get reborn in this world or you experience delusions of motherhood. You start thinking that "why people are talking? They are talking about the son or daughter who is about to come". These are very grave situations. They require immediate psychiatric intervention, medication, and many times institutionalization.

So this is the full spectrum of possible set of behaviour from completely abnormal to borderline and then completely normal.