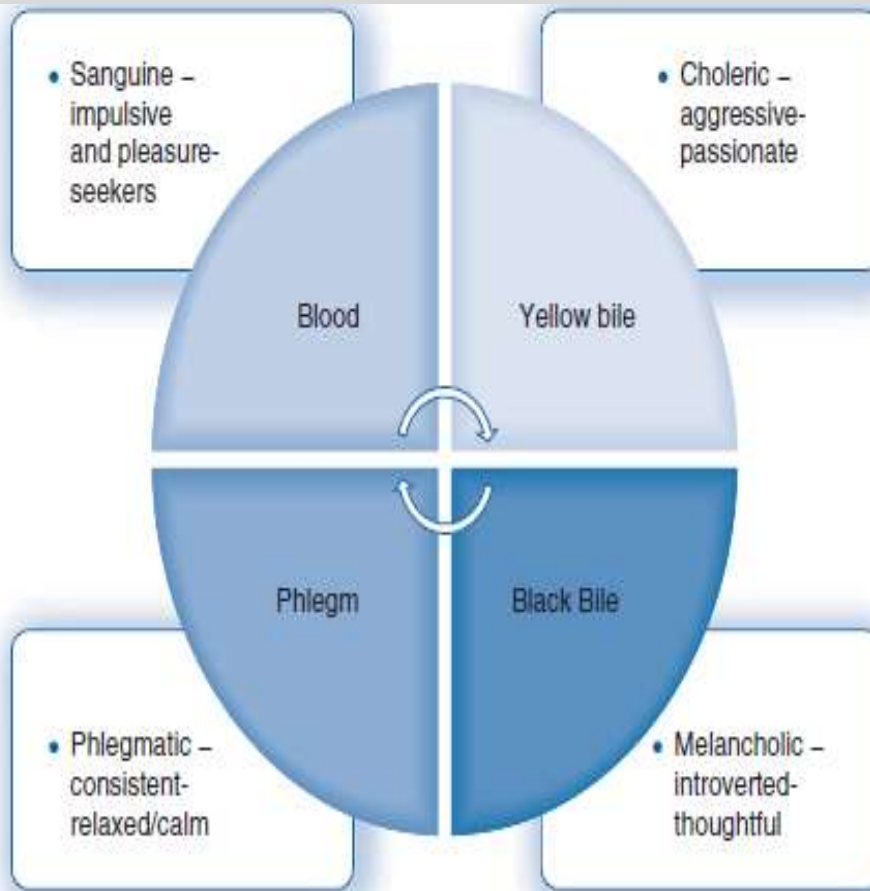


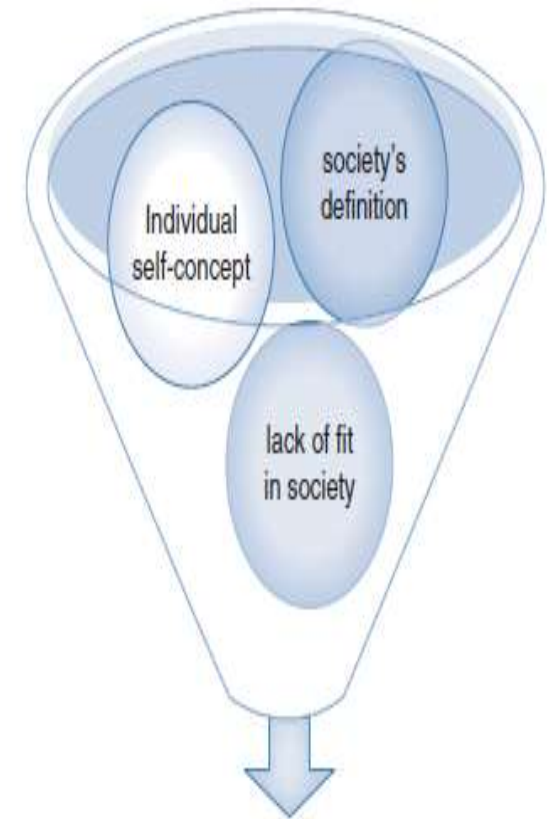
Modern Models of Abnormal Behavior

- **Psychoanalytic Model:** Abnormal behaviors are the result of **unconscious conflicts**.
- **Biological Model:** All abnormal behaviors have a **biological or physiological basis**.
- **Cognitive-Behavioral Model:** Abnormal behaviors are the result of **learning maladaptive behaviors**.
- **Behavioral Model:** **Faulty conditioning style**.
- **Humanistic Model :** **Discrepancy between real and ideal self (Conditional environment)**.
- **The Systems Approach Model/ Trait model :** Abnormal behaviors are produced from **life-style stressors & expectations combined with biological predispositions**.

Abnormal Behavior

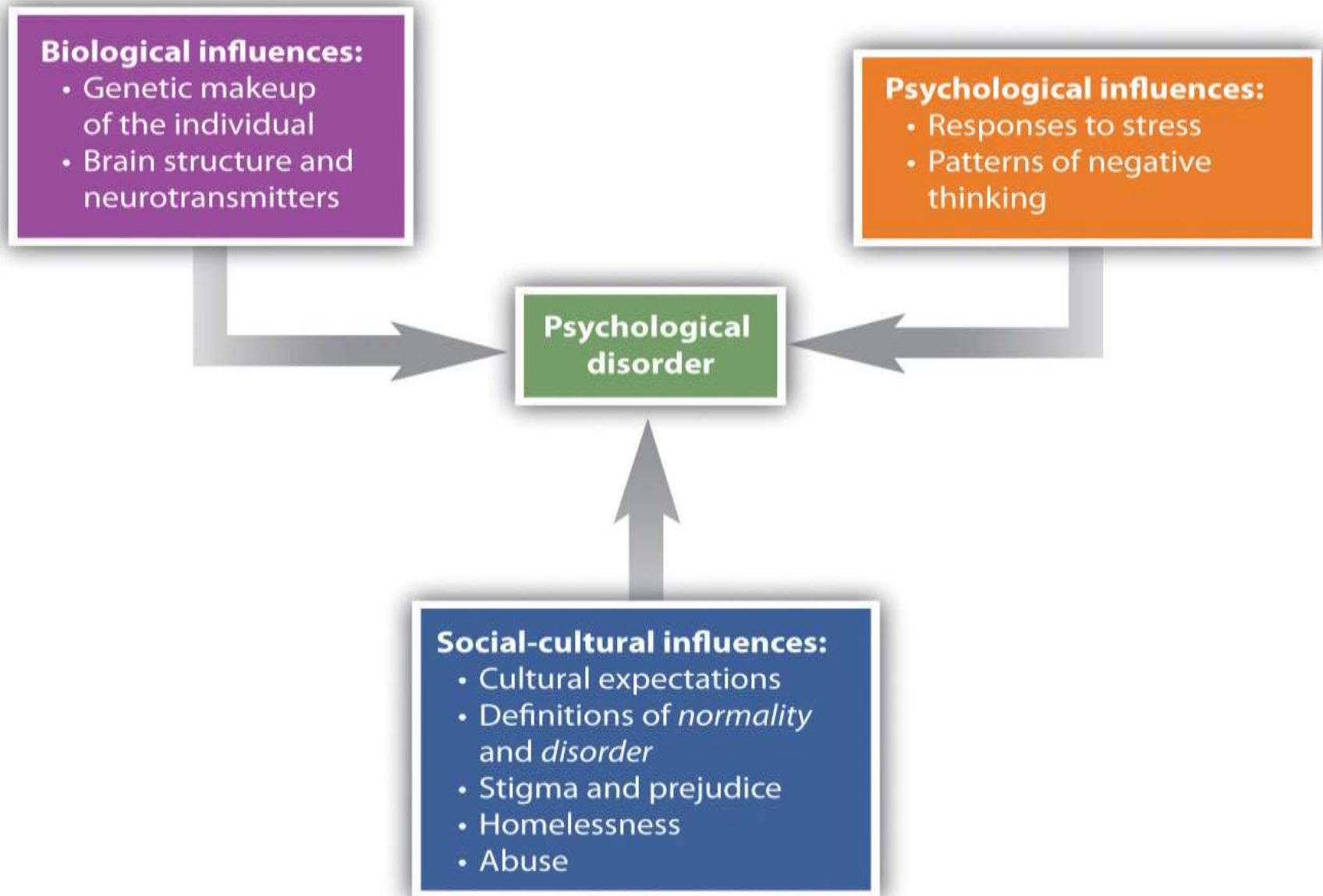


The four humours and associated temperaments – kept in balance, allowed the person to be physically as well as mentally healthy



the result is mental illness
Szasz's idea of abnormality

Ayurvedic module: Balanced life style - Vata, Kapha, and Pitta



BIOLOGICAL

1. Biomedical model assumes that all mental disorders have physical causes
2. BIG B: Biochemistry, Infection, Genetics, Brain damage can all explain abnormal behaviour



BEHAVIOURIST

1. All behaviour is learned, as we are born with a tabula rasa.
2. Abnormal behaviour can be explained by Classical conditioning, Operant conditioning or Social Learning Theory

PSYCHODYNAMIC

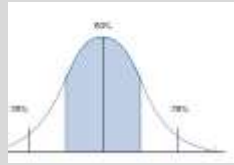
1. All behaviour stems from psychological NOT physical causes.
2. 3 causes of abnormal behaviour... conflicts in the mind, unconscious motivations and childhood experiences

COGNITIVE

1. It is the thinking process between an event and a consequence that makes that consequence
2. 2 key features of abnormal behaviour... Irrational Thinking (abc) and Cognitive Triad & Errors in Logic

Sensitivity, please...

- ✓ It is important to remember-people are not just their disorders!
- ✓ People are not “schizophrenics”, “alcoholics”, “autistics”, “phobics” or “bipolars”- but rather people with schizophrenia, alcoholism, autism...etc. Are psychological disorders rare & how these are defined?
- ✓ Criteria for abnormal behavior include **statistical infrequency, dysfunction, personal distress, and violation of norms.**
- ✓ **Cognition** (i.e., ways of perceiving and interpreting self and others); **Affectivity** (i.e., range, intensity, lability); Interpersonal functioning; Impulse control
- ✓ **Psychosomatic & Somatoform Disorders:** Psychosomatic Disorders
Psychological factors produce real physical disorders. Stress is strongly indicated.
- ✓ **Somatoform Disorders:** Physical symptoms persist **without any identifiable physical cause.**



There are several different criteria that can be used:

1. Statistical abnormality: A behavior may be judged abnormal if it is statistically unusual in a particular population.

2. Violation of socially-accepted standards: An abnormal behavior might be defined as one that goes against common or majority or presumed standards of behavior. For example, one might be judged abnormal in one's failure to behave as recommended by one's family, church, employer, community, culture, or subculture.

3. Theoretical approaches: Theories approach abnormality by starting with a theory of personality development. If normal development can be defined, then abnormality is defined by the failure to develop in this way.

4. Subjective abnormality: Abnormal behavior can be defined by a person's feeling of abnormality, including feelings of anxiety, strangeness, depression, losing touch with reality, or any other sensation recognized and labelled by an individual as out of the ordinary.

5. Biological injury: Abnormal behavior can be defined or equated with abnormal biological processes such as disease or injury. Examples of such abnormalities are brain tumors, strokes, heart disease, diabetes, epilepsy, and genetic disorders.

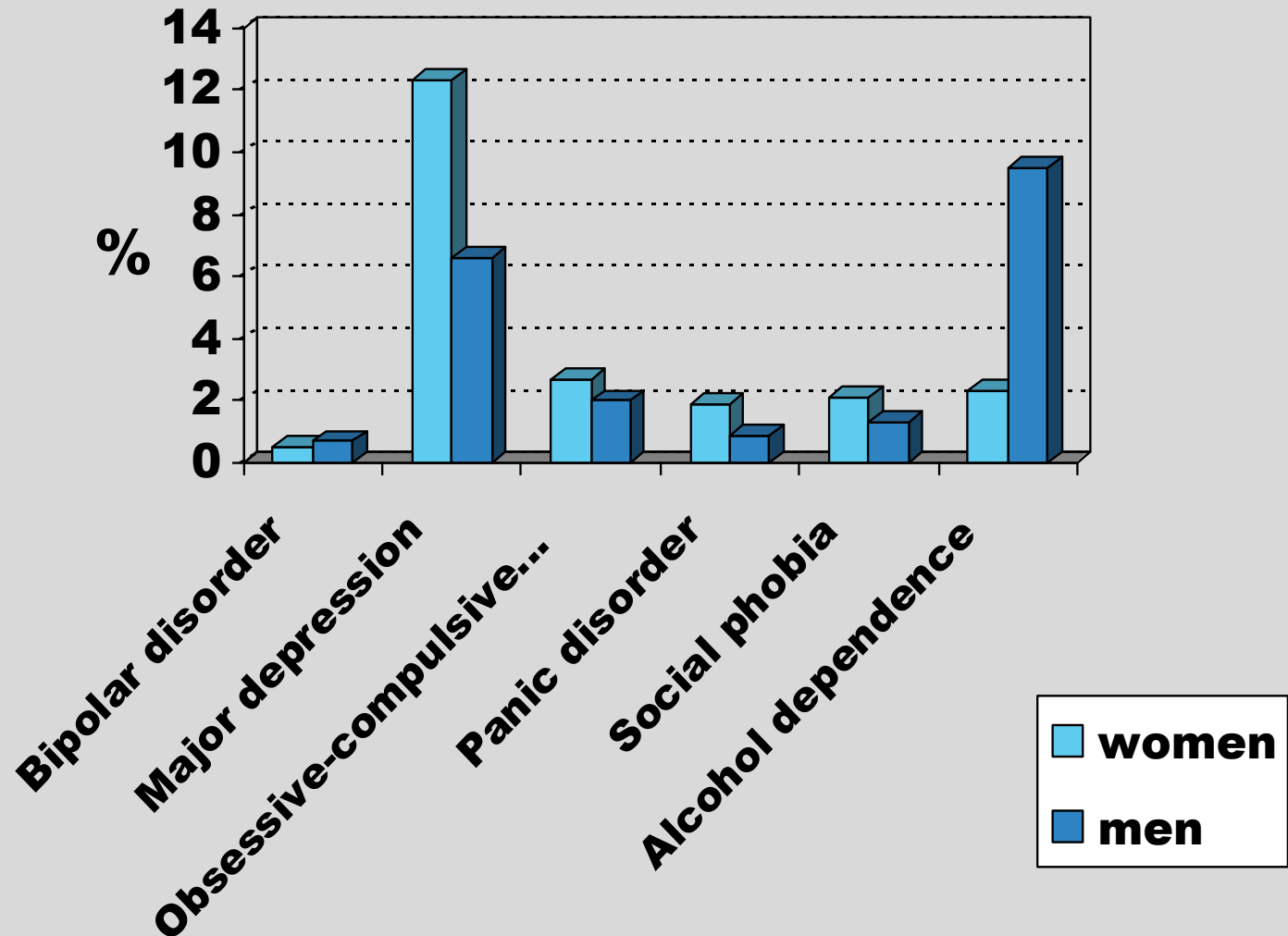
Abnormal behavior is characterized as:

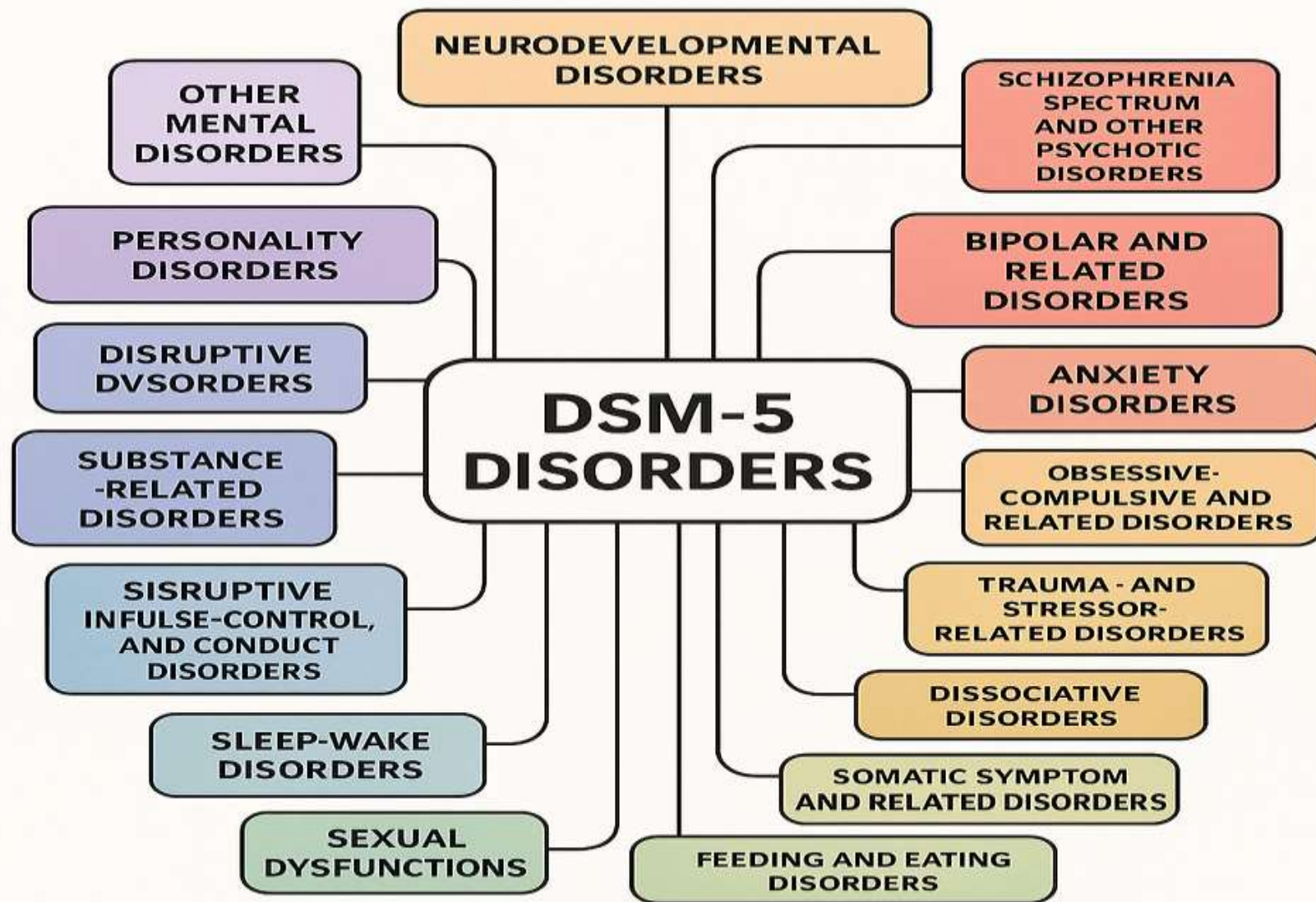
- Non- typical
- Socially unacceptable
- Distressing to the person who exhibits it
- or to the people around them

The Four D's
Deviance
Distress
Dysfunction
Danger

- **Abnormal Psychology:** The scientific study of abnormal behavior in order to **describe, predict, explain, and change abnormal patterns of functioning.**
- Clinical Psychology is the field of psychology concerned with **assessment, treatment, and prevention of maladaptive behavior.**
- The *American Psychiatric Association* (APA) has devised a system for diagnosing maladjusted behavior : ***The Diagnostic and Statistical Manual of Mental Disorders-Text Revision*** (Referred to as the DSM V (5th edition-TR), 2023)

Frequency of Mental Disorders





- DSM-5-TR organizes mental disorders into 20 categories.
- Each category groups conditions by shared symptoms, causes, or features.

Classification of Personality Disorders: A comprehensive table of Personality Disorders as classified in the DSM-5-TR (Diagnostic and Statistical Manual of Mental Disorders, Text Revision, 5th Edition, 2022).

Cluster A: Odd/Eccentric

- Schizotypal Personality Disorder
- Schizoid Personality Disorder
- Paranoid Personality Disorder

Cluster B: Dramatic/Erratic

- Histrionic Personality Disorder
- Narcissistic Personality Disorder
- Borderline Personality Disorder
- Anti- Social Personality Disorder

Cluster C: Anxious/Fearful

- Avoidant Personality Disorder
- Dependent Personality Disorder
- Obsessive-Compulsive Personality Disorder

Cluster 1 Disorders: These disorders are characterized by odd or eccentric behaviors or traits.

- ✓ **Schizoid Personality Disorder :** Characterized by the inability to form social relationships Withdrawn with a lack of feelings toward others.
- ✓ **Schizotypal Personality Disorder:** Uncomfortable in interpersonal relationships, & suffering from cognitive & perceptual distortions & eccentric behavior. e.g. May wear inappropriate, strangely out-of-date or mismatched clothes.
- ✓ **Paranoid Personality Disorder:** Inappropriately suspicious of others & their motives. Guarded, secretive, devious, scheming, argumentative, & often superstitious.

Cluster 2 Disorders: Characterized by dramatic, emotional or erratic behavior. They have very unstable interpersonal relationships, self-image and moods.

- **Borderline Personality Disorder:** Very unstable in self-image, mood, & relationships. Acts impulsively & self-destructively. Manipulative, self-destructive impulses when trying to control or strengthen personal relationships.
- **Histrionic Personality Disorder:** Overly dramatic behavior, self-centered & craving attention.
- **Antisocial Personality Disorder:** Continually violates the rights of others, prone to impulsive behavior, & feeling no guilt for any harm. Unethical, exploitative, violent, criminal behavior.
- **Narcissistic Personality Disorder:** Over-inflated sense of self-importance. Must be the center of attention, lacking any real empathy for others.

Cluster 3 Disorders: Characterized by anxious or fearful behavior.

- **Avoidant personality Disorder:** Hypersensitive to potential rejection by others, causing social withdrawal despite a desire for social relationships. Has social anxiety & is timid, anxious, & fearful of relationships.
- **Obsessive-Compulsive Personality Disorder:** Preoccupation with rules, schedules, & trivial details, & unable to express emotional warmth. Preoccupied with orderliness & perfectionism.
- **Dependent Personality Disorder:** The inability to make decisions or to act independently. Fails to take responsibility for one's own life, instead relies on other to make their decisions. Can't tolerate being alone. Has a fear of abandonment.

Extra Reading Material :

Cluster A: Odd/Eccentric: 1. Schizotypal Personality Disorder

A. Pervasive pattern of social and interpersonal deficits, reduced capacity for close relationships, cognitive or perceptual distortions, eccentric behavior beginning and early adulthood indicated by 5 or more of the following:

- Ideas of reference (delusion)
- Odd beliefs or magical thinking
- Unusual perceptual experiences
- Vague or stereotyped speech
- Suspiciousness or paranoid ideation
- Inappropriate or constricted (limited) affect
- Behavior or appearance that is odd or eccentric
- Lack of close friends or confidants
- Excessive social anxiety that does not diminish with familiarity

2. Schizoid Personality Disorder: Pervasive pattern of detachment from social relationships and restricted range of emotions in interpersonal settings beginning in early adulthood and indicated by 4 or more:

- Almost always chooses solitary (unsocial) activities
- Has little interest in sex
- Takes pleasure in few if any, activities
- Lacks close friends or confidants (other than family)
- Appears indifferent to praise or criticism
- Neither desires nor enjoys close relationships, including family
- Shows emotional coldness, **detachment**, or flattened affect

3. Paranoid Personality Disorder: A pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent.

- Suspect others are exploiting or deceiving him
- Preoccupied with unjustified doubts of loyalty
- Is reluctant to confide in others because he believes they will use the information against him
- Reads hidden demeaning meanings into benign remarks
- Persistently bears a grudge (resentment)
- Perceives attacks on his character
- Recurrent suspicions regarding fidelity of spouse or sexual partner

Cluster B: Personality Disorders (Dramatic/Erratic)

1. Histrionic Personality Disorder

A pervasive pattern of excessive emotionality and attention seeking, beginning in early adulthood and indicated by 5 or more:

- Uncomfortable in situations where not the center of attention
- Interaction with others is often characterized by inappropriate sexual behavior
- Rapidly shifting and shallow expression of emotions
- Consistently uses physical appearance to draw attention to self
- Style of speech that is impressionistic and lacking in detail
- Shows self-dramatization, theatricality, and exaggerated emotion
- Is suggestible and easily influenced by others or circumstances
- Considers relationships to be more intimate than they actually are

2. Narcissistic Personality Disorder: A pervasive pattern of grandiosity, need for admiration, and lack of empathy, beginning in early adulthood and indicated by 5 or more of the following:

- Grandiose sense of self-importance
- Preoccupied with fantasies of success, power, beauty, or ideal love
- Believes he is “special” and should only affiliate with high-status people or things
- Requires excessive admiration
- Has sense of entitlement
- Is interpersonally exploitive (takes advantage of others)
- Lacks empathy
- Is often envious of others and believes others are envious of him
- Shows arrogant, haughty behaviors or attitudes

3. Borderline Personality Disorder Pervasive pattern on instability of interpersonal relationships, self image and affects and marked impulsivity as indicated by 5 or more of the following:

- Frantic efforts to avoid abandonment
- Unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation
- Identity disturbance
- Impulsivity in at least two areas that are potentially self-damaging
- Recurrent suicidal behaviors, gestures or threats or self-mutilating behaviors
- Affective instability due to a marked reactivity of mood
- Chronic feelings of emptiness
- Inappropriate anger
- Transient, stress-related paranoia

4. Antisocial Personality A pervasive pattern of disregard for and violation of the rights of others occurring since the age of 15 years as indicated by 3 or more of the following:

- Failure to conform to social norms with respect to lawful behaviors
- Deceitfulness and conning others for personal profit or pleasure
- Impulsivity or failure to plan ahead
- Irritability or aggressiveness as indicated by repeated fights or assaults
- Reckless disregard for safety of self or others
- Consistent irresponsibility
- Lack of remorse (guilt)
- There is evidence of Conduct Disorder with onset before age 15

Cluster C: Anxious/Fearful: 1. Avoidant Personality Disorder

A pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation, beginning in early adulthood and indicated by 4 or more

- Avoids occupations that involve social contact for fear of criticism or rejection
- Is unwilling to get involved with people unless certain of being liked
- Shows restraint in close relationships for fear of being shamed or ridiculed
- Preoccupied with being criticized or rejected in social situations
- Inhibited in new interpersonal situations because of feelings of inadequacy
- Views self as socially inept, personally unappealing, or inferior
- Is unusually reluctant to try new activities because they may prove embarrassing

2. Dependent Personality Disorder: A pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation, beginning in early adulthood:

- Difficulty making everyday decisions without excessive amount of advice
- Needs others to assume responsibility for most major areas of life
- Has difficulty expressing disagreement because of fear of loss of approval
- Has difficulty initiating projects or doing things on his own
- Volunteers to do unpleasant tasks to obtain nurturance and support from others
- Feels uncomfortable or helpless when alone
- Urgently seeks new relationship as a source of care and support when one ends
- Is unrealistically preoccupied with fears of being left alone to care

3. Criteria for Obsessive-Compulsive PD: A pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control at the expense of flexibility, openness, and efficiency, beginning in early adulthood and indicated by 4 or more:
- Preoccupied with details, rules, lists, order to the extent that the major point of an activity is lost
 - Shows perfectionism that interferes with task completion
 - Is excessively devoted to work to the exclusion of leisure activity and friendships
 - Is over conscientious and scrupulous about matters of morality, ethics, and values
 - Is unable to discard worn-out or worthless objects even with no sentimental value
 - Is reluctant to delegate tasks or work with others unless they do it his way
 - Adopts a miserly spending style toward self and others; hoards
 - Shows rigidity and stubbornness

In Summary:

Cluster	Disorder	Core Features / Description	Key Diagnostic Criteria Highlights
Cluster A (“Odd or Eccentric”) <ul style="list-style-type: none"> - odd, eccentric, or unusual behavior, thinking, and emotional expression. - socially awkward, withdrawn, and suspicious. 	Paranoid Personality Disorder	Pervasive distrust and suspicion of others; interpreting others’ motives as malevolent.	Suspects others of exploitation or harm, doubts loyalty, reluctant to confide, bears grudges, perceives hidden threats.
	Schizoid Personality Disorder	Detachment from social relationships; restricted range of emotional expression.	Prefers solitude, indifferent to praise/criticism, lacks close friends, emotional coldness, flat affect.
	Schizotypal Personality Disorder	Acute discomfort in close relationships, cognitive/perceptual distortions, eccentric behavior.	Odd beliefs/magical thinking, unusual perceptual experiences, odd speech, suspiciousness, inappropriate affect, social anxiety.
Cluster B (“Dramatic, Emotional, Erratic”): <ul style="list-style-type: none"> - dramatic, overly emotional, unpredictable, or erratic behavior. - exaggerated or attention-seeking. 	Antisocial Personality Disorder	Disregard for and violation of the rights of others; deceitful, impulsive, aggressive, lack of remorse.	Repeated law-breaking, deceitfulness, impulsivity, irritability, irresponsibility, lack of guilt; must be ≥18 years with conduct disorder before 15.
	Borderline Personality Disorder	Instability in relationships, self-image, and affects; marked impulsivity.	Frantic efforts to avoid abandonment, unstable relationships, identity disturbance, self-harm/suicidality, affective instability, chronic emptiness, anger, stress-related paranoia or dissociation.

-struggle with maintaining stable interpersonal relationships or a consistent self-image. - intense emotions, unstable relationships, impulsivity, and difficulties with self-control.	Histrionic Personality Disorder	Excessive emotionality and attention-seeking behavior.	Needs to be center of attention, sexually provocative, shallow emotions, uses appearance for attention, dramatic speech, easily influenced.
	Narcissistic Personality Disorder	Grandiosity, need for admiration, lack of empathy.	Exaggerated self-importance, fantasies of success/power, sense of entitlement, exploitative, envious, arrogant.
Cluster C (“Anxious or Fearful”): - anxious, fearful, and avoidant behavior patterns. -often appear tense, nervous, and overly concerned about others’ approval or rejection. -struggle with feelings of inadequacy, fear of criticism, and a strong need for reassurance or control.	Avoidant Personality Disorder	Social inhibition, feelings of inadequacy, hypersensitivity to criticism.	Avoids social/work activities due to fear of rejection, views self as inferior, reluctant to take risks or engage socially.
	Dependent Personality Disorder	Excessive need to be taken care of, leading to submissive and clinging behavior.	Difficulty making decisions without reassurance, needs others to assume responsibility, fears separation, difficulty expressing disagreement, seeks nurturing.
	Obsessive-Compulsive Personality Disorder	Preoccupation with orderliness, perfectionism, and control.	Details, rules, lists dominate; perfection interferes with task completion; inflexible morals; miserly spending; reluctant to delegate.

The Five-Factor Model of Personality

Factor	Low Score Description	High Score Description
Neuroticism	Calm, Even-tempered, Self-satisfied, Comfortable, Unemotional, Hardy	Worrying, Temperamental, Self-pitying, Self-conscious, Emotional, Vulnerable
Extraversion	Reserved, Loner, Quiet, Passive, Sober, Unfeeling	Affectionate, Joiner, Talkative, Active, Fun-loving, Passionate
Openness to Experience	Down-to-earth, Uncreative, Conventional, Prefer routine, Uncurious, Conservative	Imaginative, Creative, Original, Prefer variety, Curious, Liberal
Agreeableness	Ruthless, Suspicious, Stingy, Antagonistic, Critical, Irritable	Softhearted, Trusting, Generous, Acquiescent, Lenient, Good-natured
Conscientiousness	Negligent, Lazy, Disorganized, Late, Aimless, Quitting	Conscientious, Hardworking, Well-organized, Punctual, Ambitious, Persevering

Taken from McCrae and Costa (2003)

The Big five Factors & Normal- Abnormal behavior

Neuroticism (Emotional Instability) fearful, apprehensive, angry, bitter, pessimistic, glum, timid, embarrassed, tempted, urgency, helpless, fragile	VS	Emotional Stability relaxed, unconcerned, cool, even-tempered, optimistic, self-assured, glib, shameless, controlled, restrained, clear-thinking, fearless, unflappable
Extraversion cordial, affectionate, attached, sociable, outgoing, dominant, forceful, vigorous, energetic, active, reckless, daring, high-spirited, excitement-seeking		Introversion cold, aloof, indifferent, withdrawn, isolated, unassuming, quiet, resigned, passive, lethargic, cautious, monotonous, dull, placid, anhedonic
Openness (unconventionality) dreamer, unrealistic, imaginative, aberrant, aesthetic, self-aware, eccentric, strange, odd, peculiar, creative, permissive, broad-minded		Closedness (conventionality) practical, concrete, uninvolved, no aesthetic interest, constricted, unaware, alexythymic, routine, predictable, habitual, stubborn, pragmatic, rigid, traditional, inflexible, dogmatic
Agreeableness gullible, naive, trusting, confiding, honest, sacrificial, giving, docile, cooperative, meek, self-effacing, humble, soft, empathetic		Antagonism skeptical, cynical, suspicious, paranoid, cunning, manipulative, deceptive, stingy, selfish, greedy, exploitative, oppositional, combative, aggressive, confident, boastful, arrogant, tough, callous, ruthless
Conscientiousness perfectionistic, efficient, ordered, methodical, organized, rigid, reliable, dependable, workaholic, ambitious, dogged, devoted, cautious, ruminative, reflective		Disinhibition lax, negligent, haphazard, disorganized, sloppy, casual, undependable, unethical, aimless, desultory, hedonistic, negligent, hasty, careless, rash

Imp. Videos: Mental Health in India

Imp. Videos from YouTube:

- Satyamev Jayate - Season 3 | Episode 5 | Nurturing Mental Health:
<https://www.youtube.com/watch?v=hVleoo1e6II&list=PLpMa7sC2Q3gU3-cXyHKYTpuq0FYvEiSkn&index=5>
- Outlook onto Mental Health in India | Girish Narayandass | TEDxSIUKirkee: <https://www.youtube.com/watch?v=xxPsu1dfAqU>
- Treating mental illness with medicine and religion in India:
<https://www.youtube.com/watch?v=fly-iJmmZDg>
- Mental Health for All by Involving All | Vikram Patel | TED Talks
<https://www.youtube.com/watch?v=yzm4gpAKrBk>