

FOUNDATIONS OF ABNORMALITY AND CLASSIFICATION

Psychological disorders represent a complex and deeply human aspect of life, reflecting the difficulties individuals face in adapting effectively to the demands of their environment.

As discussed in the chapter, these disorders are best understood as **failures in adaptation**, where behaviour becomes maladaptive and interferes with an individual's ability to function constructively. Abnormal psychology, therefore, is concerned with the **nature, causes, consequences, and treatment of such maladaptive behaviour**

While all individuals experience stress, anxiety, and emotional disturbances at various points, psychological disorders emerge when these reactions become **extreme, persistent, and dysfunctional**.

A widely accepted framework for identifying abnormal behaviour is the concept of the **'four Ds'**—**deviance, distress, dysfunction, and danger**. Deviance refers to behaviour that is markedly different from societal norms, often appearing unusual or bizarre.

Distress indicates the suffering experienced by the individual or others. Dysfunction involves impairment in daily functioning, and danger reflects the potential harm posed to oneself or others.

Although these criteria provide a useful starting point, they are not absolute, as abnormality cannot be reduced to a single universal definition.

Two major approaches have been proposed to define abnormal behaviour. The first is the **deviation from social norms approach**, which considers behaviour abnormal if it violates societal expectations.

Since norms are culturally determined, what is considered abnormal in one society may be acceptable in another. For instance, assertiveness may be valued in competitive cultures but seen as inappropriate in more collectivist contexts.

This approach, however, has limitations, as it equates normality with conformity and fails to account for behaviours that may be socially accepted yet maladaptive.

The second approach focuses on **maladaptive behaviour**, emphasising the individual's well-being and capacity for growth.

According to this perspective, behaviour is considered abnormal if it interferes with optimal functioning and prevents the realisation of one's potential.

This view aligns with the idea of self-actualisation and highlights the role of **stress, vulnerability, and coping abilities** in shaping behaviour.

Despite advances in understanding, psychological disorders continue to be surrounded by **stigma, fear, and misconceptions**. Many individuals hesitate to seek professional help due to feelings of shame or societal judgment.

It is therefore crucial to recognise that psychological disorders, like physical illnesses, require **understanding, empathy, and scientific treatment**.

Historically, explanations of abnormal behaviour have evolved significantly. Early perspectives were dominated by the **supernatural approach**, which attributed disorders to evil spirits, demons, or divine punishment. Practices such as exorcism were commonly used to "cure" affected individuals.

In contrast, the **biological or organic approach** proposed that abnormal behaviour results from dysfunction in bodily processes.

Ancient Greek physicians like Hippocrates and Galen introduced the concept of bodily humours, suggesting that imbalances among these fluids lead to disorders—a notion paralleled in Indian traditions of the three doshas.

The **psychological approach** later emerged, focusing on internal mental processes such as thoughts, emotions, and perceptions.

Over time, historical developments—from the humanistic outlook of the Renaissance to the scientific orientation of the Enlightenment—contributed to more humane and rational approaches to mental illness.

The reform movement led to improved treatment conditions and the gradual shift towards **deinstitutionalisation**, emphasising community-based care.

Modern understanding integrates these perspectives into the **bio-psycho-social approach**, which views psychological disorders as the result of interactions among biological, psychological, and social factors. This holistic perspective acknowledges the complexity of human behaviour and avoids reductionist explanations.

To facilitate understanding and treatment, psychological disorders are systematically classified. Classification systems such as the **DSM-5** and **ICD-10** provide standardised criteria for diagnosing disorders, enabling professionals to communicate effectively and develop appropriate interventions

These systems organise disorders into categories based on shared characteristics, thereby aiding in the study of their causes and progression.

In essence, the study of psychological disorders requires an appreciation of their **multifaceted nature**, shaped by historical, cultural, and scientific developments.

Understanding abnormality is not merely about identifying what is “different” but about recognising the underlying processes that hinder human adaptation and well-being.

emphasises the role of physiological processes in shaping behaviour. Research has demonstrated that psychological disorders are often associated with abnormalities in **neurotransmitter activity**.

For instance, low levels of GABA are linked to anxiety disorders, excess dopamine to schizophrenia, and reduced serotonin to depression. Genetic factors also play a significant role, contributing to disorders such as bipolar disorder and schizophrenia.

However, biological explanations alone are insufficient, as they cannot fully account for the variability and complexity of psychological disorders.

Psychological models provide further insight into abnormal behaviour. The **psychodynamic model**, rooted in Freudian theory, suggests that behaviour is influenced by unconscious conflicts among the id, ego, and superego. These conflicts, often originating in early childhood, manifest as symptoms of psychological disorders.

In contrast, the **behavioural model** views both normal and abnormal behaviours as learned through conditioning. Maladaptive behaviours, therefore, can be modified or unlearned through appropriate learning processes.

The **cognitive model** focuses on the role of distorted thinking patterns. Individuals may develop irrational beliefs, engage in overgeneralisation, or interpret experiences negatively, leading to emotional disturbances.

Meanwhile, the **humanistic-existential model** emphasises personal growth, self-actualisation, and the individual's responsibility for giving meaning to life. Failure to achieve these goals results in feelings of emptiness and dysfunction.

In addition to individual factors, **socio-cultural influences** play a crucial role in the development of psychological disorders. Family dynamics, social relationships, cultural expectations, and societal labels can significantly impact behaviour.

For example, individuals lacking strong social support systems are more vulnerable to depression. Similarly, societal labelling can reinforce abnormal behaviour by encouraging individuals to adopt the “sick role.”



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MODELS AND ETIOLOGY OF ABNORMAL BEHAVIOUR

The causes of abnormal behaviour are complex and multifactorial, necessitating the use of diverse theoretical models. Among these, the **biological model**

An integrative explanation is provided by the **diathesis-stress model**, which posits that psychological disorders arise from the interaction between a biological predisposition (diathesis) and environmental stressors.

This model highlights that vulnerability alone does not lead to disorder unless activated by stress, thereby explaining individual differences in susceptibility.

Psychological disorders are classified into several major categories. Among these, **anxiety disorders** are the most common and are characterised by excessive fear and apprehension.

Conditions such as generalised anxiety disorder involve persistent worry, while panic disorder is marked by sudden, intense anxiety attacks.

Phobias represent irrational fears of specific objects or situations, and separation anxiety disorder reflects excessive distress related to separation from attachment figures.

Obsessive-compulsive and related disorders involve intrusive thoughts (obsessions) and repetitive behaviours (compulsions) that interfere with daily functioning.

Similarly, **trauma- and stressor-related disorders**, such as PTSD, arise following exposure to traumatic events and are characterised by symptoms like flashbacks and emotional numbing.

Somatic symptom disorders illustrate the close connection between mind and body, where psychological distress is expressed through physical symptoms without a medical cause.

Dissociative disorders, on the other hand, involve disruptions in consciousness, memory, and identity, often as a response to overwhelming stress.

Overall, these models and classifications underscore the importance of a **comprehensive, multidimensional approach** in understanding abnormal behaviour. No single model is sufficient; instead, an integrative perspective provides the most accurate and meaningful explanation.

MAJOR DISORDERS AND THEIR CHARACTERISTICS

Among the most prevalent psychological disorders are **depressive disorders**, which involve persistent feelings of sadness, hopelessness, and loss of interest in activities. Major depressive disorder is characterised by symptoms such as sleep disturbances, fatigue, impaired concentration, and suicidal thoughts.

Factors such as genetic predisposition, gender differences, negative life events, and lack of social support contribute to the development of depression.

Closely related are **bipolar and related disorders**, which involve alternating episodes of mania and depression.

During manic phases, individuals experience elevated mood, increased energy, and impulsive behaviour, while depressive phases resemble major depression. The cyclical nature of bipolar disorder distinguishes it from other mood disorders.

A critical issue associated with these conditions is **suicide**, which results from a complex interplay of biological, psychological, and socio-cultural factors.



Risk factors include mental disorders, substance abuse, trauma, and social isolation. Preventive measures emphasise early identification, reducing access to means, and strengthening social support systems.

One of the most severe categories is **schizophrenia spectrum disorders**, characterised by profound disturbances in thought, perception, and emotion. Symptoms are classified into:

- **Positive symptoms:** Delusions, hallucinations, disorganised thinking
 - **Negative symptoms:** Reduced emotional expression, lack of motivation
 - **Psychomotor symptoms:** Abnormal movements, including catatonia
- These symptoms severely impair social and occupational functioning.

Neurodevelopmental disorders manifest early in life and affect developmental processes. ADHD is marked by inattention and hyperactivity, while autism spectrum disorder involves deficits in social interaction and communication.

Intellectual disability is characterised by below-average intellectual functioning and adaptive difficulties, and specific learning disorders affect academic skills.

Disruptive and conduct disorders involve behavioural problems such as aggression, defiance, and violation of social norms. These disorders highlight the role of environmental and familial influences in shaping behaviour.

Feeding and eating disorders, including anorexia nervosa, bulimia nervosa, and binge eating disorder, reflect disturbances in body image and eating behaviour. These disorders can have severe physical and psychological consequences.

Finally, **substance-related and addictive disorders** involve the excessive use of substances like alcohol, heroin, and cocaine. These disorders are characterised by dependence, tolerance, withdrawal symptoms, and impaired functioning, affecting not only the individual but also their social relationships and overall well-being.

In conclusion, psychological disorders are **complex, multifaceted phenomena** that cannot be understood through a single lens.

The bio-psycho-social framework provides the most comprehensive explanation, integrating biological vulnerabilities, psychological processes, and socio-cultural influences.

Effective management requires **early intervention, reduction of stigma, and a holistic approach to treatment**, ensuring that individuals can regain adaptive functioning and lead fulfilling lives.