

Human Adjustment Processes
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Module - 9
Lecture - 1
Psychological Disorders

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Psychological Disorders

So, today we are going to begin our discussion on the last module. Where are focus would primarily be on the pathological side of human behavior and that is the reason the title of the module is psychological disorders. See psychological disorders are usually discussed at 2 3 forms you know as part of their course form, when the doctors they get training for psychiatry they also you know learned about psychological disorders.

Usually in the university system, when you do your masters in psychology 1 of the paper usually you know talks about psychological disorder. Within psychology if you specialize in the critical branch of psychology then again you go into the details of psychological disorder. And many a times you would find that in courses which are otherwise, you know nowhere related to psychiatry or clinical psychology is tough. Even there, you will find a mention of psychological disorder

So, we fall in the last bracket that although we are aware that none of you are going to become psychiatrist, none of you are going to become clinical psychologist. But the primary intension of knowing about selected psychological disorders is, that the more

well informed you are the higher are the chances that you would be able to at least perceive a potential problem within yourself or in people who are close to you.

This is important because of 2 3 reasons: 1 India is a country where, you still have a very, very few handful of practicing psychiatrist and clinical psychologist whereas, the population is extremely large. So, for country of the size of ours, it is surprising to know that we have only 3000 licensed psychiatrist. So, it is very small number that is 1 because, you have a dearth of experts available in your nearby surroundings.

2 we already have that historical baggage like, all of the cultures; all other cultures in the world where, you have certain type of practitioners of, certain type of faith of, certain type of you know healing practices, which have a larger degree of social acceptance compared to a practicing psychiatrist or clinical psychologist ok. So, somebody simply tells you that you are under the influence of a witch; you are the under the influence of a ghost. And there is somebody who has an expertise in you knows handling with the ghosts or can you know identify and go for witch crafting.

There is a larger degree of social acceptance for this, compared to when you are told that I guess you are suffering from x type of psychological disorder and therefore, you should meet a consultant psychiatrist. The acceptance level is very low because, there are certain you know. So, stigma that has been attached to you knows such type of things; you do not hesitate meeting a doctor in the health center.

Because you have certain problem that you anticipate, but you would have lot of hesitation going to the counseling site and then finding out how to book a slot with the institute consultant psychiatrist who will find lot of reluctance. And 3, many of us I would say or I would say most of us are completely ignorant about the aberrations that we usually see in the behavior.

But nobody has told us that, this is actually in aberration we are not aware of it and it to the ignorance goes to the extent that because, you find little good number of people you know displaying such type of behavior. Therefore, the acceptance increase and you say I know Suresh had this; Ramesh had this, you know Santhosh had it. So, you have 2, 3 people who you say I know there were 3, 4.

Because I know there were 3, 4 with the problem therefore, this is not a problem at all. And then you would realize that gradually, you know the problem aggravates in many cases which you know finally, drags the attention of consultant psychiatrist or clinical psychologist, but by that time you have already spent a lot of time either ignoring the disease, neglecting the disease or what so ever. So, that is primarily the our intention behind going through psychological disorders.

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DSM IV-TR

- Disorders first diagnosed in infancy, childhood or adolescence (mental retardation, learning disorders, motor skills and communication disorders, etc.)
- Delirium, dementia, amnesic and other cognitive disorders
- Mental disorders due to general medical conditions,
- Substance-related disorders
- Psychotic disorders
- Mood disorders
- Anxiety disorders
- Somatoform disorders
- Factitious disorders
- Dissociative disorders
- Sexual and gender identity disorders
- Eating disorders
- Sleep disorders
- **Impulse-control disorders**
- **Adjustment disorders** and
- **Personality disorders**

We first come to a little bit of description which is not needed, but it is good to have a you know overall view point and then we will narrow it down. There are 2 ways of classification of the disease are done: 1 what is called as the IC declassification, the international classification of diseases that is the world health organization. And then we have the DSM classification, which is done by the American psychiatric association you know it is called diagnostic and statistical manual. 4 is the fourth version TR represents text revision ok.

So, as of now the latest version of DSM that we have is DSM-IV TR, but by the time you know will be completing our end sem and by the time these video footages will be ready DSM-V will coming to being. Now what DSM-IV TR talks about the disorder is, that you can have disorders first diagnosed in infancy, childhood or adolescence. So, you could have 1 set of psychological disorders; that has to do with early level of diagnosis, infancy childhood or adolescence.

For example mental retardation, for example: learning disorders, motor skills, communication disorders, you know. These are the disorders, which are you know usually identified much earlier in the life. Perhaps I must have shared with you, that in our country the 1 of the biggest problem with early stage diagnosis is once again the tendency in the parents to negate the diagnosis.

I remember many many many cases you know I will tell you 2 cases in particular: 1 which is very old and 1 which is very very recent. Long back, there was a camp that was being organized in collaboration with one of the nationalized banks and we already had the information that there was a locality in one of the cities in Eastern UP. Where the density of children with mental retardation and autism cerebral palsy was very high; the camp was organized there and till 4 o'clock or.

So, we had very, very negligible number of parents coming forward with their children to the camp. The idea was that we would have some doctors; some psychologist who will make diagnosis, psychologist will perform the tests so and doctors will then recommend what has to be done and accordingly whatever is needed will be immediately given. So, if the level of the problem is known, the experts can tell you that fine you know you need to go to this center or you know you need to go for such type of behavioral practices and so forth.

So, till 4 p m there was negligible presence, these stuffs were distributed and in certain cases where it was realized that it is only the possibility of training is there. So, some sieving machines and stuffs like that were also distributed. And then by the time the camp was about to be closed suddenly there was a large crowd, but what was very sad to experience was that the crowd was more interested getting stuffs which are being distributed free of cost.

They were not interested in diagnosis of their children and that is really a sad part of you know the reality. Second, I know somebody very recently around say 6 8 months back or 1 year back I received a call from somebody who is known to me saying that his daughter has delivered a baby, who is now I do not remember the age perhaps 2 years, 3 years something like this.

But the child shows you know sudden peculiar forms of behavior; the peculiar most peculiar form of behavior was that the child was deliberately trying to ignore contacts

with any member of the family. Usually, children love to play with the members of the family first, but this child was you know extremely reluctant doing that and in turn the child was much more passionate about, playing with mobile phones 1.

2: verbal instructions given by the members of the family were you know not adhere to; compared to the voice messages that was sent through mobile phone. This was how it was described and some reason was given for that. I do not want to share the reason here, but some reason was given by the father that you know by the grandfather that, you know my daughter is delivered a baby, who is now this age, and now these are the problems.

And the in most interesting thing was, he asked me do you think it is really a problem? I am sure all he wanted to hear was, that no no no this is not at all a problem and I knew what he wanted to listen to and therefore, I did not very clearly said that, this is a problem, but I made a whole story out of it. And said that, you should certainly go and meet an expert; then he says that, fine I did meet an expert and the expert said that, the child seems to have a problem and he has suggested you know certain training sessions for him.

I said fine, then you have already consulted an expert follow his advice and he said I do not think he has been able to diagnose it; this was around 1 year back. I think 2 3 months back, now the daughter gives me a call earlier it was the grandfather now the daughter gives me a call saying that, my father had talk to you and I think you know there is some problem and I have already consulted a doctor.

But you know as parents, we want to do our best. So, suggest the best place in India where, I can take my child. I did suggested our an institution down South and I said that, is the best place in the country you can go there. And the good part of the story was, that sometime back I received a call saying that just today itself we have come back from that institute and the child has been diagnosed with something they used a word.

I am happy to share this story with you that, at least after these many experiences these 2 stories that I have narrating has changed them a lot you know parents have gone for diagnosis. But again, there is sad part in this story to that approximately 1, 1 and half year was lost in you know diagnosis and coming forward with what the child has should have been actually exposed to...

Therefore, it is very important that when you have certain types of disorders where, the likelihood of diagnosis is very very high. It can be you know within you know few months, you know the doctors can very easily predict or even the elderly members of the family can say that, there seems to be a trouble. Elderly members who have seen many many children you know growing in the family will very easily be able to tell you that, this child had some peculiar behavior; what that peculiar it is, that you need to get diagnosed.

So, this is 1 set of disorder that DSM talks about. 2: delirium, dementia, amnesia and other forms of cognitive disorders. Usually, all of this has to do with the decline in your cognitive ability either to retain information or to perform on the basis of a given situation. I am told that gradually, in our country there is an increase in you know the number of reported patients in the clinic who belong to the second category.

But once again, there is a larger social acceptance that peoples say that this happens in old age. And because, it happens in usually you know this is most of them will be apparent in 60 plus age group. Therefore, again there is a greater degree of acceptance. Third: mental disorders due to general medical conditions you find in DSM there is a whole lot of description about certain type of mental disorders, which are basically a byproduct of some other form of medical condition.

Then, substance related disorders all forms of substance abusers. Whole sort of psychotic disorders, mood disorder, anxiety disorders, somatoform disorder, factitious disorders, dissociative disorders, sexual and gender identity disorders, eating disorders, sleep disorder, impulse control disorders, adjustment disorder and personality disorders.

So, you find whole lot of descriptions its really such a thick book and truly speaking if you are really not that matured enough, to really read the whole set of you know diagnostic criteria. There are chances that you would feel, oh I also have a bit of this read the second disorders oh I also have a bit of this. So, you run on that risk also therefore, there is no point reading the full text of all types of disorders you know.

Let the experts read them, and then find out that fine nothing lies in me everything in the problem always lies outside me; this is the experts view point you know. But usually those who are non experts and will still go through the text will have a great difficulty for

15 20 days after reading the book. Because you become disoriented you know most of the problem you find in yourself.

For certain reasons we are not interested in discussion on any of these disorders, except the last 3. Once again, as I told in the beginning that I know that you are not going to practice either as a psychologist or as a psychiatrist. So, there is no point you know reading the disorders at length. I just wanted to show you the classification. We have already discussed impulse control disorders just in our last module when, we were talking about aggression.

This module we would be exclusively discussing about, adjustment disorder and personality disorders only 2 types of disorders we would be talking about. But before we go into all these what we would do is, the way we did it for impulse control disorder we will have a exactly the way it is written in DSM-IV TR, we will have the exact text here on our projection.

And we will see you know all the diagnostic criteria for different types of you know sub classification within this broad category of disorders. But let me tell you, that when you look at the diagnostic criteria across disorders you would find that there is an overlap; its same you know say for example, if you visit physician and you just report that I have a you know chronic stomach ache since last 2 days.

So, doctors can anticipate that you have a gastroenteritis problem, the doctor might anticipate that you have some inflammation within your stomach, you can anticipate of potential alsur problem, it he can anticipate you know that probably you know there is an infection in your appendicitis and that needs to be taken out.

A doctor can say that, fine perhaps there seems to be a stone in your gallbladder. There could be multiple possibilities because, when you read about the physical diagnosis of diseases; you realize that you know stomach ache is reported for all these types of diseases. Similarly you find, overlap of you know sheared symptoms in terms of psychological disorders also say for example, change in sleep pattern; change in the eating practices, difficulty in memory concentration or attention.

These you would find across disorders you know in most of the disorders you will find these things being discussed. Therefore, the skill of the actual practitioner lies in what is

called as differential diagnosis; that there is a possibility of 3 different types of disorders, but I am able to identify 1 out of the potential 3 and this is called differential diagnosis.

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Causes of Psychological Disorders

Biological	Constitutional	Socio-cultural	Psychological/ Interpersonal
Genetic	Physique	Mass violence or war	Pathogenic family patterns
Biochemical		Economic problems	Maladaptive family structure
Organic		Group prejudice	Pathological interpersonal relationship
		Accelerating social change	Severe stress

Now, before we go to the adjustment and personality disorders we will you know quickly look at basic causes of these psychological disorders. Biological causes, Constitutional causes, Socio-cultural causes and Psychological or Interpersonal causes; Biological causes includes Genetic, Biochemical and all types of Organic reasons. Constitutional is you know was, advocated at 1 point in time has now been refuted therefore, will just touch on this issue and would not go into the details.

Socio-cultural a whole set of issues like: Mass violence, Economic problems, Persistent economic problems. Group prejudice or you know Rapid social change. And similarly Psychological or Interpersonal causes like: Pathogenic family pattern, Maladaptive family structure, Pathological interpersonal relationship or Sustain severe stress. We will very quickly you know go through these causes to understand finally, what leads to different types of problems.

Once again the idea is, to make you realize that fine these are the potential causes, and therefore one can you know be very very cautious about, the fact that certain type of things if it sustains for longer in the family, in the society, then it could be detrimental for the mental fitness of the people.

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Causes: Biological

- Human beings have 23 pairs of chromosomes— 22 pairs of autosomes and one pair of sex chromosome
- A chromosome has few hundred to several thousand genes
- Thus, we have 30,000 – 40,000 genes and approximately six billion DNA base pairs

As all of us know we have 23 pairs of chromosomes, 22 autosomes, 1 sex chromosome and because this chromosomes have 100s and 1000 of genes. So, approximately we have 30000 to 40000 genes and approximately 6 billion of our DNA base pairs you know. One of the primary reasons you know for certain type of specially, organic disorders is certain form of mutation that takes place. And genetic mutation has been found in whole lot of you know disorders.

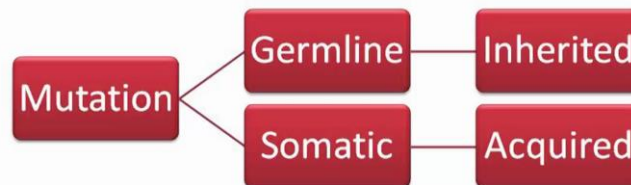
You remember the first criteria where we talked about mental disorders, which are diagnosed in early infancy, childhood or adolescence you know. Mental retardation mostly, it go the desecrated goes to the biological causes mutation that takes place. You can have even certain types of you know problems that comes later on in the life of the child for example, if you are using you know the certain types of paints in the house and if children they you know they usually have the habit of taking peeling out the surface of the paint and then putting it in their mouth. That can lead to poisoning in the brain.

So, certain area of the brain decays it does not function. There could be genetic anomaly that can lead to something like say Phenylketonuria for example, where the phenyl aniline the phenyl the Phenyl Pyruvic acid you know does not disintegrate properly. And usually what you experience early in the child is a musty type of a smell. So, those who are you know close to the children they will you know smell that there is some musty smell you know around the child.

But the problem basically lies that you know certain enzymes do not break down and therefore, certain types of functions that usually are a bodies able to perform. It is not performed in those children, but the interesting part is that in Phenylketonuria for example, it's basically the phenyl Pyruvic acid that gradually accumulates in the body. But finally, it starts you know influencing the cognitive abilities of the child. So, you will find the whole set of disorders like this you know.

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Causes: Biological



Usually you know when we talk of mutation either it could be germ line mutation, which is basically inherited or it could be a somatic mutation which is acquired. The example of you know exposure to certain type of chemicals in the environment that is the example of the somatic mutation. Whereas, germ line mutation would be you know where you inherit faulty gene pattern from your predecessors

I do not know if you are aware of there is a family in UK, where in alternate generations you find somebody in the family; who has severe language empowerment. And the severity of this language empowerment comes out of the fact that the orofacial muscle this muscle you know. The lip muscle and the muscle near it you know, which basically allows your lips to move.

The orofacial muscle movement has tremendous retardation, and then those children born in that family who have you know this deformity of the orofacial muscle they cannot speak properly. It was found in 1 found in next generation and generation after

generation it is being repeated; few years back, you know the whole set of research took place on the members of that families fortunately they agreed now to give their samples for DNA analysis.

And now it has been analyzed that, we have gene called fox p2 gene which is primarily responsible for the movement of this orofacial muscle. So, 1 aberration at 1 point and then you know that some abilities lost or discompromised with. but in 1 case because of mutation it happens that is fine, but if have you know perennial you know persistence of that deformity that runs across generation that is what is called as germ line mutation you know.

That generations after generations in that very family its popularly you know in the scientific literature you will find, the mention of K E family; K E family is the family you know where you have a long list of people with the problem in the movement of the orofacial muscles.

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Causes: Biological

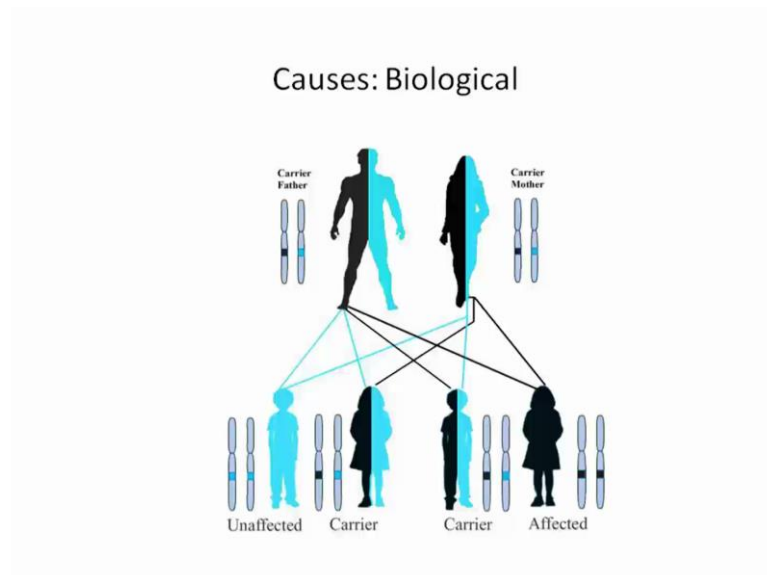
- Mutation in DNA of certain cells due to exposure to ultraviolet radiation is an example of somatic mutation
- Besides this genes are responsible for transcription and translation of DNA into proteins which, in turn, contribute to brain development
- Brain anatomy, neurotransmitters, receptors, and neuronal interconnections are all regulated by the genes

Now, there are you know other possibilities where you can have an acquired mutation something like say, exposure to ultraviolet radiation that can also lead to it, but what is also important to learn is that besides the genes, which are responsible for transcription and translation of DNA into proteins. Basically it is you know how these genetic mutations or whether it is germ line or acquired somatic.

Basically you know it somewhere starts influencing the protein synthesis mechanism in the body and because, protein has much to do with the proper growth and development of the brain. Therefore, many of the cognitive abilities are compromised with and once you have severe compromise that takes place with the cognitive abilities, you are bound to be considered to have 1 or the other type of disorders.

When we talk of the brain anatomy means, the structural you know a part of the brain or when we talk of the 4 important neurotransmitters that primarily are considered to be responsible for holding ourselves to the baseline normal level or whether it is the receptors or the neural interconnections all of them therefore, they depend on the genes.

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And therefore, once you have problem with you know any of these you know genetic mutation there could be a severe impact on the protein synthesis mechanism finally, adversely influencing the bit. I am sure you know right from your school days you must has seen several such images you know that if you have you know 2 parents, who are basically carrier of a particular problem.

This is the usual Mendelian principle you know 1 is to 2 is to 1 the first generation you will have; where the first child will not be effected 2 children will be carrier and 1 will be severely affected. Such types of information's are important for you know sharing with others. The reason being that many a times the this credit for having a particular

type of child is always you know put on the mother; that you have delivered a child like this.

Or the poor child who is basically genetically effected suffers a lot because, there is a great degree of rejection within the family and within the community. Because, 1 has certain type of problems and nobody you know even get gives this credit to the parents that because you were the carriers of the genes. Therefore, this forth child has developed 1 or the other type of a problem.

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Causes: Biological

- Behaviour genetics → Dopamine receptor gene and ADHD
- Polymorphism of DRD4 (dopamine D4 receptor gene) is known as 7-repeat form
- Individuals with 7-repeat form of DRD4 have thinner tissue in the right orbitofrontal/ inferior prefrontal and posterior parietal cortex of the brain
- Mutation in FOXP2 gene has been found to cause verbal dyspraxia. This is a developmental disorder with significant disruption of speech and language

We are you know just going through 1 typical example we all know of the ADHD you know. Attention Deficit Hyper activity Disorder you know, you will find many school going kids you know having certain type of behavior which the teachers will report that, oh he is the most you know notorious child of the class. And some of them who are taken to the doctors; doctors will tell that you know this is a ADHD child you know.

So, you have an attention deficit you cannot focus attention on 1 thing for long. So, attention deficit, but you also have hyper activity you know; you are hyper active doing this, doing that multiple things that you do. Now, the behavior genetic research show an association between variant of dopamine receptor gene and ADHD symptom. Polymorphism of DRD4 this is the dopamine d 4 receptor gene is known as this is called the 7 repeat form in the biological language.

And individuals who have this you know 7 repeat form of DRD4 they have thinner tissue; where in their right orbitofrontal area. So, this is a right side of your cortex. So, the orbitofrontal area, the inferoparietal area and the posterior parietal cortex of the brain you will have a thinner cortex. This would mean, that the total number of neural interconnections that a normal childhood have in these areas of the brain.

The children who have this you know 7 repeat form of DRD4 they will not have those neural interconnections. Now, if you do not have the neural interconnection the way others have, this would ensure that neurologically you are different from other children. And this neurological difference in terms of behavior is what is people called as ADHD.

Most naughtiest child you know will always do this, always do that and the teacher most of the time instead of retaining the children in the class will ask him or her, to go and stand out in schools this can happen. Or the teacher simply says, no you just get up and go and sit in the corner. So, you are isolated from the rest of the class. But nobody you know accepts the fact, that fine this child has a neural interconnection which is different from rest of the children.

Therefore, needs a complete different form of treatment in the classroom setup for all types of learning abilities right from, academy to social skills to interpersonal skills and therefore, the child has to be handled differently. FOXP2 gene right now we discussed about it that once you have the verbal this you know. You have this faulty movement of the orofacial muscles you have severe problem with the language communication and this credit goes not to you, but the this credit goes to the faulty gene the FOXP2 gene that you have been arrited.

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Causes: Biological

- Body chemistry has been found important for the psychological disorders
- Dopamine and serotonin— Muscle control, memory, sleep, and emotional behaviour
- They are also associated to some illnesses like Parkinson's disease and mood disorders
- Cranial anatomy and functions—
 - Organic disorders such as mental retardation,
 - Degenerative disorders such as dementia
 - Circulatory disorders such as cerebroarteriosclerosis

Now, body chemistry has been also found important for the psychological disorders. For example: dopamine and serotonin are involved in muscle control, memory, sleep and emotional behavior. So, the 4 important neurotransmitters that we were referring to right now; 2 you find being mentioned here.

Serotonin would be the third 1 and basically it is the dopamine, serotonin you know the balance or the imbalance which will influence most most most of the psychological disorders. Now, you find dopamine serotonin you know levels responsible for things like mood disorder, things like sleep disorders you also find it even in say Parkinson's disorder for example you know; where you have grave problem in terms of having muscle control; voluntary muscle control.

The whole range of organic disorders: such as say mental retardations, such as degenerative disorders, such as dementia or circular disorders or cerebroarteriosclerosis, the head injury. They all have the root in the anatomy, the function of the brain and this anatomical and the functional you know part of the brain actually largely depends on how you are genetically configured.

So, problem with the genetic configuration, mutation of the gene and then you realize that many of the disorders come because of that reason. We would not go into the details, but I must tell you that for most of the disorders which are the byproduct of 1 or the other type of biological reason. For most of them you have 1 or the other remedy that is

available for example, somebody who is diagnosed with ADHD we have discussed ADHD here; forget about this fact that you know you have a thinner tissue in certain selected regions of the brain. But there are you know training sessions and remember these training sessions for ADHD is for the parents.

So, parents are trained how to handle children who have ADHD and basically all of this is basically the behavior modification techniques you know. Finally, you have to learn certain techniques with the help of which you can very generously handle these children. Unfortunately we do not have parents training program my recent experience shows that, in the hospitals now at least in the urban areas good hospitals, when a prosperity mother is taken to the maternity ward.

The doctors will council or the sisters there will council the all the attendance including the prospective mother and they will ask you know, that for how many kids do you have and there should not be an issue if you have a girl child. So, there is a counseling that I see in the urban localities in good hospitals, but this counseling is only for facilitating the acceptance of girl child.

But you do not find a proper mechanism where you are already told, that fine if you have a child with these type of things this is how you should handle the child. There is no such training program in our country; in most of the western countries you would find that there are proper training programs even for prospective parents. So parenting skill, which also includes that, fine if you have children who are this, who are that then how to handle them?

Especially teachers who are handling the preprimary school children you know. It is good to expose them also to the such type of training sessions; how to handle children, who show this type of problems in the class. Unfortunately nowhere to the best of my knowledge as of now we have training programs for preprimary school teachers to handle children like this.

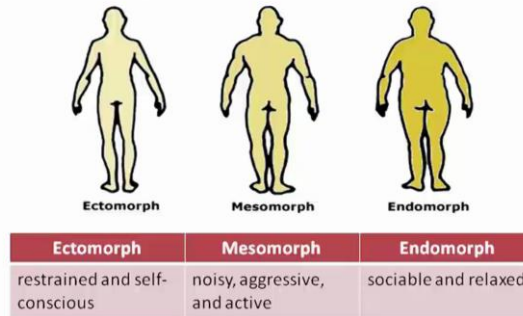
But I must tell you that, you visit an expert and they will tell you that you know meters on weekends 1 of the weekdays for say next 1 and half month 2 months and they will train you in how to handle children. Autistic children you have you know such session similar for MR children. There are a hope for most of these things now you have certain

types of recommendations, certain modifications that the experts would like the care givers to have in their behavior, which will be very, very conducive for those children.

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Causes: Constitutional

- Sheldon's classification



We will go to the second cause now that is, the Constitutional Cause and now I am coming to debatable issue which was you know initially proposed in the domain or personality psychology. But later on it was rejected. Although it was rejected, you still find you know at times 1 or 2 you know researches reporting something related to this. Therefore, we will devote very less time to understanding of this.

Sheldon was a man what he did was, that he looked at the body structure of the human beings you know and all he did was that he would ask his clients to remove the cloths; which today if you do it you will be put in the jail. He used to ask his clients to remove the cloths and then he would take the body measurement you know. So, all body parts he will measure diameter this you know length, height, density the all types of stuffs he would have.

And finally, what he came forward with was basically that the people who used to visit him what type of body structure did they have and what type of temperament they had and he finally, classified people into 3 categories: Ectomorphs, Mesomorphs and Endomorphs and you can see, basically how they look like. Then he attached the personality profile to these types of body makeup. He said that, Ectomorphs they have restrained and they apply restrained and they are very self conscious people compared to

the Mesomorphs, who are noisy people, who are aggressive, but you also find that they are active.

And he said that when you meet an Endomorph they are very social people very sociable, very relaxed in their life. But the later research is did not confirmed that Sheldon's classification was accurate. It is not that if you are really plump you will be very very relaxed, you can have a relaxation session; session even when you are here in the class you feel drowsy, you feel sleepy, it has nothing to do with whether you are endomorph or not.

But I must tell you that if you go into the details of you know constitutional causes you will find many, many types of classifications, 1 very interesting classification which is the recent addition was by Friedman and Rosenman. What they are basically they are not psychiatrist they are actually cardiologists. These 2 cardiologists they looked at the what you call profile of the patients who used to come to their clinic.

So basically, what he had was a large number of patients who had problem with their heart. Some type of cardiac attention is needed and based on that they came forward with the type what they call as type a and type b people. 1 set of people who are very active, a very volatile, very noisy, very aggressive. But then they are also the people who are extremely susceptible to hard diseases compared to the second set of people; relaxed, social, they do perform their task, but not so aggressively and actively the way the other type of people do.

But they are the people who are not prone to hard diseases. So, Rosenman and Friedman's classification is the latest addition to such type of classification personality classification what is popularly in psychology called as type a and type b personalities. But I must tell you that this is not a sacrosanct type of a classification, not so scientific the way the biological causes were talked about.

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Causes: Socio-cultural

- Persistence of violence threatening for the self as well as for the loved ones
- Violent experience within the family and society
- Group prejudice and discrimination
- Continuous struggle to maintain stability in the life
- Accelerating social changes

Now, we come to the socio-cultural causes where you have you know a whole set of problems basically, if you look at them you have the persistence of the violence which threatens your survival or the survival of your loved ones. And because you have this persistent threat you show certain form of behavior which others will consider to be very weird, which reminds me of a joke. Although it was jokingly told, but I think that you know there is some degree of seriousness attached to it and we will talk about it.

The joke was that, somebody who was travel ticket examiner in the Indian relevance, after certain years of his duty as the TD of a running train he used to come home and instead of sleeping on the pillow he would take out his shoes put it on the bed and then rest his head over it. Because he was a costumed of you knows travelling like this in the train because somebody will steal your shoe.

Therefore, you keep it you know under your head use it as a pillow in the running train and even though you have come back home instead of using a pillow you still use that. And this was 1 part of joke it has many this is a long string it has many, many things. You know one thing was that, after certain interval he would wake up and you know ask so what is the time? And this time was attached to the next station, where he had to get down because his duty will be over.

There are many such things that was attached to the story, but if you extend it to the persistent threat of violence, which can be reflected either on you or your loved ones.

There would be a whole lot of change that you see in the behavior of the individual; problems that continue for long you have been in the war inflected zone for example. And you realize that you know you have frequent wakeup sessions when you sleep.

There is a great degree of acceptance for aggressive behavior; whole lot of you know great degree of misery in the behavior less degree of you know acceptance of a strangers great prevalence of loss of faith that you have in others. These are very commonly seen in people who are in the violence prone zones for long. We do not have the opportunity of having the data from Afghanistan or Iraq as of now.

But in psychology will find the whole lot of literature that is available on what happened to the Vietnam is and also the US forces who participated in the Vietnam War; whole lot of description you will find there. In fact, I must tell you that this area of clinical psychology became extremely enriched during the Second World War; had Second World War not taken place probably this area of psychology would not have evolved the way it is evolved.

Today globally the highest numbers of degrees are awarded in clinical branch of psychology compared to any other branch globally. This credit again goes to the war if war would not have taken place, all these the growth and development would not have taken place. But there is a heavy price that you pay for it if you are interested I must have shared this with you I am just repeating it.

When India was celebrating 50 years of independence a study was carried out in India, Pakistan and Bangladesh by 3 set of psychologist in these 3 countries. And they were primarily looking at the changes in the behavior that took place in people who migrated 50 years back, who were forced to migrate. So, from which country to which country you have migrated is not an issue.

The fact that you are forced to leave your place in 1 country and you are forced to move to the other country the psychological profile of people. And interestingly the result shows that irrespective of which religion and faith you belong to from which country you are forced to flee to the other country irrespective of this, there were permanent patterns in the behavior that was observed in the people who were spread in these countries; who were forced to migrate from 1 place to the other. And most string of that was, the distrust

you do not trust anybody; including your own family members and that could be the worst.

When you sleep on the bed with your spouse and you do not trusts him or her whether you are going to be ditched, you are going to be killed, you are going to be stabbed, you are going to be robbed, what type of life would that be extremely painful you know. Very recently I visited 1 of the very prestigious organizations of this country I would not name it and the sad part I realized which I had never thought, I had never thought of it.

I had a meeting with one of the top rank officers there and he said that you know, all of us are under constant vigilance. So, we keep an eye on others and within the organizations someone has been deputed to keep an eye on me and all of us you know that we are being watched round the clock. And then I asked him that, then how do you develop friendship here you know.

See, there would be a comradeship in the work place you know you are friendly to somebody and if I know that somebody is keeping an eye on me and the other person also know that somebody is keeping an eye on him or her. And everybody knows that, I is being watched all through how do you trust people? Then, this is an organization with great degree of distrust. So, on the face I must be friendly, but inwardly I will have distrust I do not know perhaps he is the 1 who is supposed to keep an eye on me.

I have been the restaurant and very curious you know who is keeping an eye on me you know. I am going with my family to an amusement park and you know looking at you know, who is keeping an eye on me life would be terrible I have never experienced life like that. And somebody you know imagines somebody who is recruited given this high stake responsibility in a government job.

And he invests a long career watching others and being watched, what type of life would this be and there would be a great degree of psychological price that 1 would pay for it. It was basically the calculation of the psychological price, because of the reason I had visited them. Will continue with this we will continue with socio-cultural causes, and then we will move to the next cause.