

Human Adjustment Processes
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Module - 09
Lecture - 03
Psychological Disorders

Neurotic problems that are usually reported in the clinics, and primarily as you saw in our last lecture that there was a stark difference between the neurotic and the psychotic patterns of behavior. Today we would come across interesting pattern of human aberrated behavior, what is popularly called as neurotic disorders.

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Anxiety	Free floating anxiety combined with acute attacks
Phobia	Irrational fears leading to anxiety
Obsession-compulsion	Repetitive thoughts and persistent impulses
Hysteria	Conversion type: Simulation of actual organic illness (paralysis or epilepsy) Dissociative type: Dissociation of certain aspects of consciousness
Hypochondriasis	Presumed disease
Neurasthenia	Chronic fatigue and weakness
Depressive neurosis	Abnormally prolonged dejection

The first one - anxiety, which is primarily a state of free floating anxiety; which is usually punctuated by acute attacks, when you look at the DSM criteria, where you have the whole description of anxiety disorders, you will find even know, different type of anxiety being talked about. But remember one thing, this is one of the most common type of what you call, issued at majority of the people would tell you that they had suffered it at certain time in their life.

For example, if somebody has to know, board a train and you realize that the train which comes to a particular station where you are waiting to board it, it is fully crowded; this could instigate a sense of anxiety within you, because you know that you would have to

struggle a lot in terms of finding out seat for yourself. As similarly, if you are, know, planning to take a flight and you are told that the flight has been rescheduled. So, whole, lot of situations will come throughout life, most of the days, where you would realize that things would not move the way you had actually thought of it.

You are told that know, there will be a quiz, you are anxious now, what is actually going to happen to you; you are told that there would not be any quiz, and you were still worried, I do not know what is going to happen to our scoring system. So, all these types of situations where you think that things are not the way you expect them to be, the outcome somehow troubles you with the... Such situations can lead to certain degree of anxiety.

But, the type of anxiety that we are talking about here is the free floating anxiety. Free floating anxiety would be that irrespective of what type of situation you are encountering you just feel anxious. Unlike the examples that we took, if you have to board a train and train is all jam packed, it is really a cause of concern, because with that 2 bags that you are carrying it we will find difficult to find a place for yourself; finding out seat for yourself would be difficult; even somebody who would be occupying your seat will have to struggle make the seat available for yourself.

So, there is genuine problem that you anticipate, and all these things make you anxious which is genuine here. But, in the case of free float anxiety you just feel anxious irrespective of the varying situations. You have to come to the class at 8; this is the source of anxiety for you; 08.30 onwards there is a source of anxiety that, fine, I have to go to some other the room now; I had to, I did not take my breakfast; I have to, know, do this, do that several, several things; it is more like say searching for reasons that can really make you anxious.

The problem comes when you have situations which are actually punctuated by acute type of anxiety; an acute anxiety will have its own manifestation; when for a sudden small period of time you find yourself, know, completely at the mercy of the symptoms that you are experiencing.

Then another set of common neurotic problem is the phobic reaction. Now, fear we have talked about when we were going through goal congruent, incongruent emotions and the appraisal process, how it influences adjustment, at that time we had talked about the basic emotions and fear happens to be one of the basic emotions. But, fear and phobia

are 2 different from each other. A phobic situation would ensure that the fear that you are experiencing, the fear symptom is actually irrational; whereas, in the case of fear you have a justification.

Why is that when there is a announced quiz everybody turns up, there is a rational fear; and the rational fear is that if I miss it I will be missing on certain percentage in terms of the grade that I will finally get. So, it is the sense of loss of grade which is actually a real threat which makes you scared, and therefore you ensure that you are present there. But, phobia would be a scary reaction; a reaction which is full of fear. But then, the fear that you are holding is actually completely, completely, completely baseless.

For example, say, whenever you go out, cross the road and you see this huge ground in front of you, you feel scared, why? Because the ground where you are, you realized that it is vast, know; it is quite open from all the side. So, I do not know what might come from what side; this could be one set of fear. The other set fear could be, at the moment you know close the 2 doors, you have a clustro phobic tendency; you know, everything from all the sides it is wall. So, if something happens, how will I run away?

They are just dramatically opposite type of fear, but it happens. If you see the whole list of phobic reactions, you realize that we have more than 120 types of phobias. Somebody is phobic towards something else, somebody else is phobic towards something else. The most common ones would find is clustro phobia, where you are extremely scared of closed spaces; and, it is very common; you will find people who are otherwise pretty normal except this type of phobia reactions that they show.

Hematophobia, very common; you see an accident that has taken place, you see the blood coming out of wound and you faint; I am sure you must have seen many people like this know; they faint when they see blood; this is hematophobia; you are phobic to blood. I know 2 people who are here, very, somehow closely related to me who would never take the lift.

And remember, now I sit on the 6th floor, and from there even if they have to come to some office twice or thrice a day, they will take the staircase; and once I asked him why do you take the staircase when you, know that he had come right from the ground section to the top and again he told me, sir I will take this file and go downstairs. So, I told him take a lift, why do you climb staircase so much, and of course, he is slim trim know, he does not need to worry that much about the weight, and he gave me justification;

justification was that much for physical fitness, but I know that that man for last 20 years has never used the lift, reason phobia.

And it is irrational; you see people getting in, you see people getting out, but the moment the door of the lift closes you are scared, know it is all closed, I do not know what is going to happen to me, these are irrational fears. Zoo phobic people, people who are very scared of animals. People who are extremely scared of contamination, every time they feel as if they have touched it, some contamination has taken place; whole long list of phobic reactions you would realize.

It reminds me of a very interesting case. Long long back, I knew somebody who happened to be doctor who has completed his MBBS, who was doing his MD. He was a married, had a small baby. And, most of the place you would find that there are hostels for married students. So, this man had room in the married doctors hostel. So, once when I visited him, he had a very cute, very young little daughter.

So, I asked, do you know what your father does, and she says yes; and when I asked, what, and she told me he repeatedly takes bath. So, I was actually worrying about the profession of the father, and the girl told me that father is just do bathing, nothing else. And then the mother gave the justification. When the child wakes up in the morning, that is the time when the father has to go the hospital; for getting ready father has to go to the bathroom, and he takes bath. The first impression that the child has pappa [FL] is taking bath.

Once he comes back from the hospital he would remove all his clothes, once again take bath because there is a possible perception of contamination, he will take bath. Daughter sees that also. That is the time when the daughter will once again eat something and sleep. When she wakes up it around 4 or 5, the father has to go for a visit to the ward; before going to the ward again he takes bath.

And, when he comes back it around 07:30 or 8, again he takes bath. And, that is the time when the child once again has dinner and she sleeps. So, during her wake up duration all she sees is that the father goes, comes back, before and after, and there is a process of bathing all the time. I am not saying that this is good or bad. I am not saying that this was phobic reaction in a potential doctor. All I am saying is that you will find lot many people who are into such type of behavior, who have fear of things which usually you do not find a large number of people being scared of...

And primarily what happens in phobic reaction is that because you have an irrational fear, therefore, you would try your best to avoid that situation; the situation that makes you scared, you try not to fall in that situation. So, if you are claustrophobic you will ensure that you never get into a closed space; this is something that you always ensure.

Then, we come to another interesting type of neurotic reaction that is obsessive-compulsive disorder. You will find it written OCD sometime, sometime written OCN; basically it means one and the same, know. Obsessive compulsive disorder will be OCD, and if it is obsession compulsion neurosis then it is OCN. Now, this has a very interesting dynamics. It has 2 elements. One is the element of obsession, and second one is the element of compulsion.

Obsession has to do with the thought process; compulsion has to do with the action. So, if a thought perseverates in your mind for long duration then it is the obsessive thought; and if an action gets repeated multiples time then it is a compulsive act. Am I clear? So, there has to be a cycle of thought or action. If it is a cycle of thought then it is obsession; if it is a cycle of action then it is compulsion.

But, what is interesting is, that compulsion is always preceded by obsession. So, the act, the cyclic act that you perform is always followed by, sorry; it is always preceded by a thought that keeps on, keeps on perseverating in your mind; and therefore, it is called a neurotic thought. But, I must tell you that there is a need to draw a very clear line of distinction. I will give you some examples. Do not feel it scary when I give these examples.

You are coming from the city; you went to a mall to get something; and you saw a beautiful girl or you saw a very handsome boy, I am assuming that you have a had a sexual preference. And then, while you return back that beautiful girl or handsome boy that image repeatedly comes to your mind; you found that boy or girl to be really charming; match the boy or girl of your dream, and therefore you constantly have that image coming to you.

All of you experienced it? Anybody who says no? Thankfully nobody, otherwise I would have to think of the other type of the problem, know. So, you saw somebody, you found a momentary sense of infatuation and that makes that image repeatedly come to you; this has happened to everybody. Now, is it a obsessive thought? The answer is no. Although there is a repetition in the thought, it is not followed by a compulsive act, and therefore it

does not qualify to be a neurotic problem; it is legitimate genuine type of what we call human reaction.

You saw somebody, you found her to be charming, you found him to be handsome, and therefore, you just know that beautiful appearance, handsome appearance flashes back repeatedly to you which is absolutely fine. You wake up early in the morning, you leave your bed and walk in the corridor, suddenly you start humming a song and you keep on keep on keep on humming that same song throughout the day; has it happened to you? Is it compulsion? The answer is once again no.

Just it happened; there is no obsessive thought that is guiding you. Had it been preceded by an obsessive thought, then it would have been a case of a neurotic problem, otherwise you realize at although there is a repetition it does not qualify it to be a neurotic problem. Remember, that it is very important to draw lines, know. When something starts becoming neurotic, although it is a repetition, in both the examples that we took here, there is a situation of repetition. But then upto certain limit it does not become a neurotic act, beyond certain limit, yes.

But, think of other situations. You feel as if your hand has not being washed properly, and therefore you take some soap and rub it, and then wash your hand, once, twice, thrice, 4, 5, 10, 15, multiple times again. Each episode of cleaning the hand is far more higher in frequency compared to what other people would do in the same situation.

Now this is a repetitive act, but such repetitive act qualifies for obsessive compulsive neurosis, for the reason that this act is preceded by an obsessive thought of the fact that you still need to be clean. Why you still need to be clean is again a big question, know. What is it that makes you feel that you are unclean? Many, many, many, many thing, you would not go into the details of it.

And therefore, you would realize that usually people who are prone to such type of thing or who have been reflecting, for example, washing hand you would realize, they washed their hand to the extent that they have wounds on their skin. So, because of excessive cleanliness this part of the skin starts peeling off, know. So, you have all uneven surface here are on the palm.

You might have cracks in the pores of the finger, simply because you have applied too much of soap and too much of water simply, and you have kept on, kept on, kept on, rubbing it. It goes to that extent. You are told that there is a great dearth of water, do not

waste it; for rest of the things you ensure that water is not wasted, but as for cleaning is concerned we do not compromise on that. These are interesting examples of obsessive compulsive disorders.

The static reactions also you find it being reported to the cleaning. And, usually you would have a historic reactions of 2 type, know; the sonata form historic reactions where the symptoms would be more and more represented in the bodily symptoms; and dissociative type of historic reactions where you delink yourself, situations where in a given type of a situation you suddenly faint.

Now, fainting is usually seen in epileptic episodes; somebody who really suffers from epilepsy. And therefore, I has such type of aplitic attack. And, one of the prominent symptom of aplitic attack is that you shake and then you faint for some time; again you regain your consciousness. But, interestingly, there is a very clear distinction between epileptic creasers and historic convulsive type of a thing.

In epileptic conversions you have certain changes taking place in the brain that makes you undergo the convulsive attack. So, you suddenly have this stammer and then you fall down. You keep shaking your body. I do not know if you have seen epileptic cases. And then after some time know, regained your consciousness; this is what happens in epileptic creasers.

But, in historic attacks you would realize that one would show the such type of convulsive attacks in the front of near and dear ones. Epileptic creaser is irrespective of who is around you. It could take place anywhere, anywhere. The worst of epileptic creaser at a public place that I have seen was somebody getting out of the train, and that on the gate of the train suddenly that person was start shaking, falls down.

And, he was fortunate not to fall outside know; fortunately you were still inside, otherwise you would have know just fall in on the track; the gap between the platform and the train allows you to fall know; there is little bit of cleft there. Fortunately he did not fall there. So, that was the worst. But, all am trying to say is that epileptic creasers are basically neurologically driven; and therefore, you do not take into account who is near you, who is looking at you.

Convulsive historic attacks will always fast filter know, or there people whom I want to show; that see I also have this type of an attack, and therefore you should take care of me; you should be concerned about me. So, there is some secondary benefit that you are

somewhere contemplating; and therefore you show those type of convulsive attacks. That is the form of the historic attacks that you see there. So, that is the part of some form hysteria.

Dissociative hysteria is, you know, another interesting part of it where you deliberately delete certain part of your memory and you turn amnesia. I do not know, I do not know, where I was last evening; you select a part of it and you remove it. There is an associated concept in psychology called motivated forgetting. Motivated forgetting is similar type of situation where you are desperate enough to delete something from your conscious content of your memory.

And, the worst of historic attack in the dissociative form could be where you go for multiple personality; where I am, say, Ram Prasad right now, and then after certain period of time in my life I suddenly become Lakshmi Narayan. When I become Lakshmi Narayan, Lakshmi Narayan does not remember Ram Prasad. After 2 years of being Lakshmi Narayan, he again become Ram Prasad, and then the second phase of Ram Prasad does not remember that for 2 years I was Lakshmi Narayan.

Such type of situations, although I have temporarily made it much more longer, it could be temporarily much more shorter also; that is what is called as, that is the whole dynamics of amnesia, few, multiple personality, those are the symptoms of dissociative hysteria.

A classic example I read it in clinical episode; where during Second World War, I think it is a British naval ship, I think so; I am not getting it correctly; I might be confusing the 2 countries. Basically it was US vessel and the British vessel. And, one of the ship got attacked. If I remember correctly, it was the British ship which got attacked was about to think, and the US ship came there and they rescued all the persons there.

And, there was a man who claimed that he was a doctor. And during what time you do not have time to know cross check the details, so he told that he is doctor and therefore, he was given the responsibility of medical care on the ship. Later on, after the war was over, when the exchange had to take the place, that is the time when the arm forces does it win very meticulously, know.

So, you would tell your name, your details, your identity number, they will match it there records, and then only they will transfer you from one country to other. So, when he gave his details, his name was, no such doctor was found by these details in the central

register of the arm forces there. And therefore, they become suspicious. The case was investigated, and then it was realized that this man was actually a deck cleaner.

Now, if you re think it, why did a deck cleaner decide to say that I am a doctor? Imagine the situation you are cleaning the deck, and you imagine that there would be shot from the enemy, so you think that you are the one who is more and more susceptible to such attacks because you are on the deck, rest everybody is inside the metallic shield. Who is the safest guy? I would say only 2.

One is the cook and the other one is a doctor, because they are inter their chamber which is know many, many metal sheets and they are inside that. And perhaps, that could be the reason why this man decided, so from the most honorable position on the ship I go to the most safest position; I experience an attack and then I decide no more deck cleaner, I am a doctor; most safest place in the ship.

And of course, then they digged out the reality this man was sent for psychiatric treatment and then rest everything happened. So, this is the how the historic reactions you find. These are pretty common type of neurotic reactions.

Come to the last one that is the depressive neurosis which basically is a state of abnormally prolonged dejection which is associated with some of the life circumstances which you considered to be extremely stressful. So, anxiety, phobia, obsession-compulsion, hysteria and depression, these are the 5 types of neurotic disorders which you find very commonly being reported to psychiatrist, to critical phycologist.

Remember, that for all of these neurotic problems you need not depend on any drug; medication is not needed; you just go for beweral interventions, and with little help you can very easily come out. You can lead a normal life the way you use to lead earlier. You remember, yesterday we were talking about this fact that in the case of neurosis one interesting feature is that most of the people who experience one or the other type of neurotic symptoms, they know that they have something peculiar in them.

They have something peculiar in their behavior, but all they realize is that they are somehow unable to hold it, modify it, contain it; and therefore, the beauty of being aware of such type of problem is, that in case you realize that you have something which might be one of these problems, it is good to go and consult a professional know. These are not problems of grave order; these are very simple type of problems.

So, you can very easily go and consult an expert, and with minimum afford get read out,

get rid of it if. If you find somebody near and dear to you who also experiences a similar type of things, so you can very easily ask him or her to go and meet a professional. Little professional help, and you can very easily get out of it. So, there is no problem of saying that yes I have this type of thing or I think that perhaps I have something like this, and therefore, I need the professional help.

Remember, that these are, in terms of magnitude, all these problems are much, much, much less problematic, but somehow this stigma is very strong. How can I take an appointment with the psychiatrist, how can I visit a clinical psychologist, the great degree of stigma does not allow you to do that. So, all am trying to say is that there is no, there should not be any hesitation. There is no problem in going and saying that fine, I think perhaps I have this. So, tell me whether it is a problem or it is a just normal pattern of behavior. If it is a problem tell me how can I get rid of it.

Now, we come to 2 interesting type of neurotic problems. Usually you do not find people with these 2 type of problems. One, what is called as hypochondriasis. Hypochondriasis is basically a state where one is preoccupied with bodily processes. So, I show my tendency to repeatedly touch my wrist, and sense if my heartbeat is proper or not; if the pulse rate is proper or not; is the respiration continues normal; you are too occupied with your body process.

Something that all this is autonomic functions we hardly care about it. It goes to the extent, that if you are attached senses for your respiratory activities and if you match it with the actual template of breathing, you would realize that many of us do not breath the way we should; our total inhale is less than what it should be. So, you inhale the air and you stop it intermediately and excel it again; on bio feedback even very easily see it that you inhale less than what you should have actually done.

But in the case of hypochondriasis you are always concerned what is taking place. So, even if you to sleep like this, you become suspicious why is it I am not able to hear the blood flow in the vessels, perhaps I am turning anemic. But, what is more fascinating about hypochondriasis is that you show extreme and extreme involvement with the bodily process, and ultimately you turn out I am suffering from some disease.

Usually, we do not consider it; that normally we do not say that know. Normally what happens? Even if you have say for example, pain in your wrist we will say that I do not know what happened; I study I think, while I sleep perhaps it might have turned

abnormally and I have a pain in the wrist. Usually we are driven by this type of I think know, that unless the pain presses for more than 2 days we do not visit a doctor; it is not that pain occurs and the moment you have first signal of the pain immediately you rush to doctor 3.5 second earlier, I had a pain here. We are not like that know.

Usually, we will lift with the pain for some time to realize that really it is stable or not. In case we find that it is stable then only we approach the doctor. In fact, in our country we are given a blame that we usually visit the clinic too late; and when by the time the doctor diagnoses, the problem already becomes little more graver. So, you say that I think, know, I have pain in the stomach, most of the days I have it.

And, the doctor asks you, so since when do you think that you had pain? I think 2,3, months, 6 months, and then the doctor diagnoses finally that you have a stone in your gallbladder, but you live with your pain for quiet long. One of my family member had know hernia, you know what hernia is. So, a part of the, muscles after age, certain age know it starts becoming weaker.

And weakening of the muscles would mean that know this abdominal area will start shrinking low. So, once it starts shrinking low, if there is an extra mount that goes closer to this pelvic area that is what is hernia; and doctors, surgeons simply tell you that surgery needs to be performed, and this part of the muscles which has slowly gone down it will be removed and that is it.

All they do is that the post surgery they will put wheremelsure know, and that wheremelsure will actually be a hard surface which will not allow the abdominal area that further shrink down, because after ageing this is normal thing to happen. Now, when I myself had taken that my family member to the doctor, and doctor asks you, oh it is a full bone case of hernia, so it must be hurting you? And, he said, yes. Since when? Last 1 and half year. And, the doctor was surprised, even I too was surprised, because that very family member never ever told that he has been living with pain.

Usually, all am trying to say is that we usually costumed of living with the symptom for little longer, till we finally go and meet a consultant. Here is a case hypochondriasis when you do not have a problem you deliberately make search for it. You know, when I blink I think there is something here in my eye I am, this could be; and when you think this could be, you think of the highest magnitude of the problem that you can imagine of.

So, this is hypochondriasis; fantastic type of problem when you deliberately search, I

need a problem, I need a problem, I need a problem; heart, this skin, blood, x, y, z; and more and more graver problem you find, and more and more novel problem you find, feel yes now I have found something; and then you say I do not know I have been talking to multiple doctors, but they have, they are not able to diagnose my problem.

You never consider that you do not have a problem. You think that you definitely have a problem, you have been able to convey it to the doctor, poor doctors they are not trained properly, they cannot diagnose me, I have consulted 4 doctors; this is hypochondriasis.

And then comes neurasthenia which is a very typical type of a problem when you experience chronic fatigue, weakness, and complete lack of enthusiasm. There was a popular drink by one of the very popular brands in our country which use to advertise [fl]. I do not know if you have seen this advertisement. It is a beautiful advertisement.

Javed Kafri would come like this to the office as if he would collapse any moment, and then this background sound comes [FL], and then the name of the company ka, and then name of the product. He has 1 tea spoon of that product and suddenly know, instead of entering to the gate, hits the window, the window show off, the glass breaks off, and then he makes an entry; rest everybody is walking, they are normal, and he is hyper active that is neurasthenia, the previous case, not the later part of this case.

When you wake up in the morning to report that I do not know that would be weakness, fatigue, and this is something that you live with throughout the day, and that happens repeatedly. Primarily, all type of life engagements, worldly interaction will demand that you should show certain degree of enthusiasm; even cleaning of the teeth, for example, know, you cannot say have something like this know; there is a need for certain degree of energy in that, know.

So, you take the paste, you know do something, there is an action; and this action ensures that you have some know much more of power and passion enthusiasm involved in that; irrespective of what the act is; it could be a small act which you perform ritualistically daily or it could be a novel act that that you are performing today, some degree of enthusiasm is there. But, neurasthenia will finally make you completely behave as if you are completely, completely drained of your energy; nothing is left within you. So, therefore, I compared it with that very product, know. So, that was all about the neurotic problems.