

Human Adjustment Processes
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Module - 9
Lecture - 4
Psychological Disorders

As well as different types of personality disorders that they the way they have been classified the way they have been talked about with reference to their diagnostic criterias in the DSM manual. Till now what you are doing in this module was that, we were broadly looking at different type of problems; especially we looked only at the neurotic disorders. But our attempt was primarily initially to establish distinction between neurotic and psychotic disorders with respect to certain parameters that was one and second we tried are best to globally look at different type of neurotic disorders. Today we are going to talk specifically about two set of disorders, the adjustment disorders and the personality disorders.

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ADJUSTMENT DISORDERS

The way they have been refer to in the DSM manual. And therefore, the words that you see here it is basically taken from the DSM manual.

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Diagnostic criteria for Adjustment Disorders*	
A.	The development of emotional or behavioural symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor(s).
B.	These symptoms or behaviours are clinically significant as evidenced by either of the following— (1) Marked distress that is in excess of what would be expected from exposure to the stressor (2) Significant impairment in social or occupational (academic) functioning.
C.	The stress related disturbance does not meet the criteria for another specific Axis I disorder and is not merely an exacerbation of a preexisting Axis I or Axis II disorder.
D.	The symptoms do not represent Bereavement.
E.	Once the stressor (or its consequences) has terminated, the symptoms do not persist for an additional 6 months.

First we look at the diagnostic criteria for adjustment disorders. Now, the most interesting thing that you would find here is that it would talk about the onset period; it would also talk about the duration. That you should have lived with the symptom for certain period of time, what should have triggered it these two things would be common.

Three it would talk about know the type of symptoms that reflects the particular disorder. And four and most importantly it would also talk about the rejection criteria, means if one shows this type of symptom, but is also diagnostic some x y z type of a problem then it is know not suppose to be considered as this particular disorder. So, this is the broad way the way DSM manual know talks about different types of diagnostic criteria.

With the reference to adjustment disorder it says that the development of emotional or behavioral symptoms in response to an identifiable stressor occurring within three months of the onset of the stress. So, number one the stressor that has let to certain type of problem should be identifiable, you cannot report that I do not know why, but I feel this. So, I do not know why something know, that you have to get rid of when you are making diagnostic about adjustment disorder.

Two from the on time of onset should realize that the symptoms have a started occurring within the first three months, the second criteria is that these symptoms or behaviors are clinically significant as evidenced by either of the following, first mark distress that is in excess of what would be expected from exposure to the stressor. So, you find that there

is the intense amount of distress that has been associated with these a stressor and the reflection of behavior in the behavior is exorbitantly high in nature compare to usually what people show. Say for example, if somebody by an large a large number of people show a problem up to a certain extent, it would be consider to be that find by an large in this type of situation with this type of a stressor by an large people shows this extent of behavior, but if you go much beyond act that is the marked distress that you show. And second significant impairment in social or occupational functioning, occupational also includes academic if you are still into studies ok.

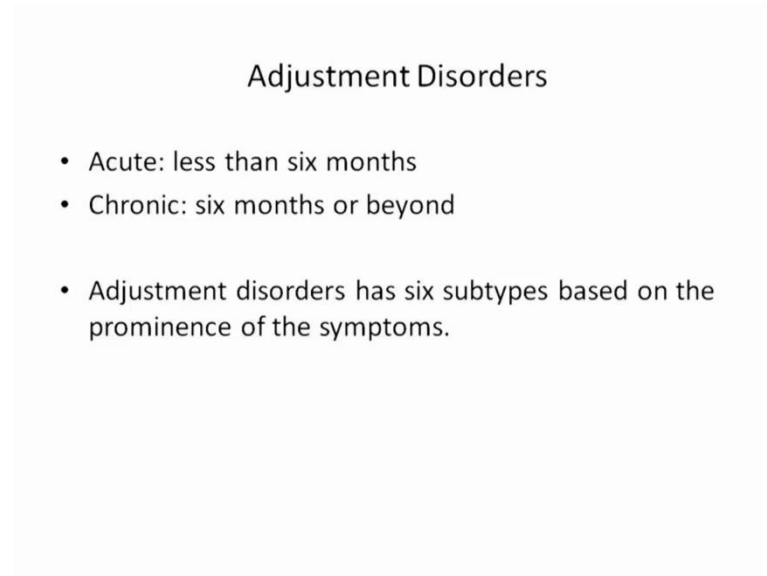
Now, there is a significant impairment in your social functioning the way you use to interact with others, the way you use to perform your social activities there is a sharp decline in that. One two there is also impairment in terms of your occupational engagement or your academic engagement ok.

The third criteria is that the stress related disturbance does not meet the criteria for another, the stress related disturbances they do not meet the criteria for another specific axis one disorder, axis one these axis we have not discussed we are not going to do that. And now, comes the rejection criteria, the rejection criterias are where you say that the symptoms do not represent bereavement, if you have suffered a loss of somebody very near to you and you are in the state of bereavement. Then you cannot know diagnosis the same person that you are under this influence of particular stressor and hence you qualified for adjustment disorder.

So, the symptom should not be you know representation of bereavement and also once the stressor or it is consequence has terminated the symptoms do not persist for additional six month. So, you have a stressor that has led to a particular problem, you show disproportionately high emotional and behavioral symptoms especially with respect to impairment in your occupational engagement, academic engagement also in terms of the marked distress that you show compare to the others. That should be there, but once the stressor is over, these symptoms should maximally stay with you till next six months not beyond that. So, if a problem needs these diagnostic criteria here you have both the inclusion and exclusion criteria know that if you have these, these, these things then you are included in this disorder the last once are exclusion criteria know that if you have these, these, these things then you are excluded from these disorder. So, if it beyond six month you are excluded, if you are believing then you are excluded fine. So,

these are the two exclusion criteria the upper once are the inclusion criteria. Now, this is how adjustment disorder clinically is diagnostic.

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The slide is titled "Adjustment Disorders" and contains a bulleted list of three points. The first point is "Acute: less than six months", the second is "Chronic: six months or beyond", and the third is "Adjustment disorders has six subtypes based on the prominence of the symptoms." The slide has a light blue background and a dark blue border.

Adjustment Disorders

- Acute: less than six months
- Chronic: six months or beyond
- Adjustment disorders has six subtypes based on the prominence of the symptoms.

Now, these adjustment disorder are classified as acute or chronic, which is basically time dependent know. So, if the symptom less than six months then it is considered at the adjustment disorder is of acute nature and if the symptoms they exceeds beyond six months limit then it is considered to be chronic adjustment disorder fine. So, whether it is an acute or chronic that is time dependent as we saw in the previous slide the standard template says that once the stressor is available the behavioral and the emotional changes should come in the three months after the exposure this stressor. And you can maximally know go up to the symptoms can persist for another six months fine. Now, the type of know problems that are reported in the clinic based on that the adjustment disorder has been classified in to six different sub groups know. So, we have six sub types based on the prominence of the symptom ok.

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Adjustment Disorders

Subtype	Characteristics
1. With depressed mood	Depressed mood, tearfulness or feelings of hopelessness
2. With anxiety	Manifestations of nervousness, worry or jittery Fear of separation in children
3. With mixed anxiety and depressed mood	Manifestations of combination of depression and anxiety

The first sub type is with depressed mood and the characteristics of that is that you should have a malfunctioning of depressed mood, tearfulness or feeling hopelessness, which basically know dominate the set of symptoms that you are representing. So, either you are in a complete sinking a state very, very depressed mood state or your depression goes to the extent that you become completely hopeless and you recollect certain things and certainly you have tears rolling down your eyes, if these symptoms dominate then it is considered as with depressed mood sub type ok.

Second subtype of adjustment disorder, which is with anxiety, which is manifested in terms of nervousness, worry or jittery behavior, fear of separation from the major attachment figure might be manifested in the case of children. So, for adults is basically nervousness, worry and the jittery feeling, in children they are could be great fear of being separated from the main adult figure whom the child basically attached himself or herself to. Usually it would be the mother in the father in the absence of one of the parents it could be know, the care given. So, you live with this anxiety and the worry the jitteriness this know, dominate overall your symptoms that you deflect.

The third subtype which is basically mixed anxiety and depressed mood, here the manifestation is basically the combination of both. So, you find yourself in the state of depression, you find yourself in the state of hopelessness, you also experience tearfulness and at the same time what you also realize is great degree of worry, nervousness and

many a times you feel very jittery. So, if these two things combine then it is considered to be a third subtype, which basically combines both the depressive mood state as well as the anxiety state.

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Adjustment Disorders	
Subtype	Characteristics
4. With disturbance of conduct	Manifestation of disturbance in conduct violating age-appropriate social norms
5. With mixed disturbance of emotions and conduct	Manifestations of emotional symptoms
6. Unspecified	Manifestation of maladaptive reactions to stressors not classified above

Then the fourth subtype of adjustment disorder, which is basically with disturbance of conduct, which is manifestation of disturbance in conduct that violates each appropriate social norms and roles. There are well defined ages specific norms society as evolved it and large number of people mostly people follow those norms and if there are violations there are know, minor transgression from the standard template that has been accepted by the society.

But here what you see is that one keeps on violating the age appropriate norm, this means that you show great degree of inability in terms of complying to the standard code of conduct that the society has prescribed for somebody of your age. If that happens, if the you show great degree of inability interms of complying to the norm of the society and therefore, your conduct is far different far deviant compared to the rest of the people of your own age in your society then that is adjustment disorder, which has basically the disturbance of conduct. Unfortunately we do not have know survey are in Indian population is to what percentage of people in which age bracket show these types of things, but I am sure you would find percentage significant percentage of people who would fall in these category know, who have great degree of inability interms of

complying to certain norms. I am not suggesting that all those who do what I am going to say now fall in these category, but you would find people who have very different type of know, reflection in their behavior. One explanation of such behavior could be were know you have learnt in a faulty way. So, the outcome that once see these basically an output of faulty learning.

The second possibility could be where you actually have a problem, where you have great degree of inability interms of complying to the norm. You must have see in our country many places work places especially, where it is boldly return here know [fl] do not spit, most of the know buildings will find it return on the walls, specially the corners, stair cases, the turning point on the stair cases, I am sure you must have seen it know, but what is the sad part is that you will find people who insure that they spit exactly where it is return do not spit. Same is know, urinating at public places many walls, many walls you will find know where on very bold bold font it is returns there know that one should not urinate here and still you would find the whole places tings nobody bothers about it.

Now, one way of know looking at these problems could be that fine you have not made know sufficient option for people to split or you have not made public toilets are certain distances and therefore, one has difficulty know retraining oneself and one feels the urge for doing it. But what about situations where things are provided facilities are provided, but you still do not have know whole generic sense that find the commonsensical behavior know that this is not to be done and especially problem comes when it is the instruction are clearly return there and you deliberately violate there.

So, when you spit were its return do not spit, when you exactly urinate the where it return that you should not urinate at this place this shows that you have know, if you have that type of an urge there is a need to relook at people who to do this thing. I am not saying this the problem, but I am just giving a very different type of example; now, you are left with just you are know, couple of more lectures and right from the beginning the whole process that the door has to be shared, you would realize that small subset, which will make an entry in to the room and still would not bother that the door needs to be shut, today also you witness it know.

Now, if you make a small child learn the norm that this is what has to be done, interact with teachers of playground, nursery they will tell you know that children they just see if

you do not have to even instruct them, they will start following it, this is how the psychology of learning explains the whole process of imitation. When a verbal instruction is given that once the bell goes, we formally begin the lecture the door needs to be shut and still you find that five, seven people who do not bothered complying to the instruction and it is not complying on a single day, it is a non complains for the full set of thirty nine, thirty eight days, we are probably on forty, thirty eight or thirty nine days. Then it is it becomes a cause of concern that what is it that does not make you re think compare yourself against those who will ensure that know they do it meticulously, there must be some difference know between the two set of people.

So, right from a small things like this which might occur very small, but I would day know that there is a need to revisit, if I am habitual of doing things the same way then it becomes a cause of concern, if I have done it today fine it is not a cause of concern, but if I am habitual of doing it then it is a cause of concern. Pc will tell you know that many people who will switch on the system, but will not switched off. So, the system you have to depute somebody to shut down all the pc s know after the work will over, you shift mouse from one pc to other, but do not insure that it has to be replace from where you have taken it back. These are know very small type of things that might look very small in nature, but these are really a something that, if you repeat in your life then you should certainly we know reflecting upon your own behavior, why is it that I have certain type of inability in to interrupt, what others can very, very conveniently perform. I am not scarring you know, but telling you that its always go to be reflective in nature.

Then the fifth subtype, which is basically with mixed disturbance of emotion and conduct till now, we were only thinking that you have difficulty in terms of complying to age appropriate social norms. Now, comes a situation where one manifest emotional symptoms such as anxiety as well as inability to know follow the age appropriate norms of the society.

Now, it is further complicated know when it is not only your inability to comply to the age appropriate norms of the society, but at the same time you also start showing certain heighten degree of emotions. Then it really know becomes a cause of concern, you will find many people know, I would tell you that say you have to board a train sometime in the afternoon, but since last night you have know, great degree of anxiety, you have packed something and you check it, in the dream you see as if know you have miss the

train you start at chasing it, but somewhere you could not board it, all type of anxiety get reflected. That could also be a possibility and then you realize that on the platform, I am sure you must have seen it on center also it is very common, a train comes stops, people who are inside the train and is still has to continue their journey would prefer to get down on the platform for what is a reason? If you have got down to by something of you are got down for water, I can understand that know. And you wait till the signal is green and till the know driver close the horn and once the train starts moving slowly then you walk with the train, and finally when the train catches the some speed you ran and then board it and there is a great degree of thrill in it, I have done it. I am sure you must have seen know, people who take great degree of know there have great degree of pleasure in doing that ok.

If you think it rationally how prudent is it for an adult human being to repeat this type of or even do it once in their life. Those in who give the physiological explanation will tell you that you have such type of exiting activities, triggers the neurotransmitters in the rewards center of the brain. So, because the reward center of the brain gets reactivated out of such type of activities therefore, you feel an urge to do so. So, Kanpur center and again the next stop again you repeat the exercise again you repeat the exercise you have a reserved seat, but then you take pride in standing near the gate with half the body outside the body of the train can great degree of pleasure that would arrive out of this.

Compare them to somebody who had very disturb sleep last night, because the next afternoon he has to board a train. Somebody who would know look at the crowd, which is making an attempt to board of particular bogie through a gate and you feel great degree of inability. There are would be very few, but I have seen case is know where somebody would return back home and saying that there were too many passengers, I could very easily understand at I would not be able to get in to the train and therefore, I came back there is no point travelling when I cannot get in to it ok.

And then comes the last subtype what is called as the unless specified critically, here what you see is the manifestation of maladaptive reaction to stressors that are not classified in the five subtype that we have discussed. Such reaction includes physical complaint, social withdrawal or academic. So, these are the prominent thing that you see five sub category very clearly defined.

Sixth you find that this person has know some adjustment disorder, but cannot be classified into the first five sub types, but by large shows certain types of physical symptoms, certain type of social withdrawal, certain type of academic innovations. Then you can see that he belongs again to the adjustment disorder category, but of the sixth sub type. So, this was all about the adjustment disorders ok.

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PERSONALITY DISORDERS

Now, we come to personality disorders, I must tell you one thing, I deliberately made an attempt not to touch on any of the disorder, which are of grave order. Otherwise if you read know the manual or the ICD classification you have a thick volume, which know describes all types of things know, but those are of the guiding principles for the preciseness.

I have deliberately chosen to remain on the brink and throughout this course what we have been doing is that you would always start from normal and come very, very, very very close to abnormal pattern of behavior, but we do not touch abnormality again turn back repeatedly we have swings between normal to extreme of behavior, which could be considered very close to abnormality.

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- Personality disorders— “enduring pattern of inner experience and behaviour that deviates markedly from the expectations of the individual’s culture.” (DSM-IV TR)
- Onset in adolescence or early adulthood
- Manifested behaviour pervasive and inflexible leading to distress or impairment
- This pattern is manifested in two (or more) of the following areas— cognition, affectivity, interpersonal functioning and impulse control

But somehow personality disorders many of it you would realize that crosses that brink and therefore, you would find behavior, which are little more grave in their nature. Now, personality disorder has been defined as enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture.

Remember one thing cultural norms are still given priority when in clinical diagnosis. So, when you draw the line that this is what you expected out of you that line might vary from culture to culture that might be very much true. And therefore, it is always recommended that when you are consulting an expert, because you are know, having some type of a symptom it is always good to consult somebody who belongs to your culture or if you do not have the access to somebody who is who belongs your culture then meet somebody who is much more aware about your cultural norms otherwise there could be certain type of miss judgments.

So, you realize that there is an inner exp pattern in the inner experience as well as in behavior, which primarily deviates from the cultural expectation, the cultural norms. Which an onset in adolescence or early adulthood so, the onset of such problems would be either adolescence years or adulthood. Remember that the problem in children are classified separately and by large it has been observed worldwide in the clinics that most of the reported cases in the clinics they fall between sixteen to forty, forty five years of age, people who come forward with the symptom they fall in the bracket. So, the onset

has to be in the adolescent years or in the adulthood early adulthood and the manifested behavior is pervasive and inflexible leading to distress or impairment. So, great degree of know inflexibility as well as pervasive pattern repetition is there in the behavior, this pattern is manifested two or more of the following areas know.

So, we have four major areas cognitive function, affective function, interpersonal functioning and impulse control and out of these four minimum of two or more area should be affected. So, minimum two has to be influenced only then you considered that perhaps this problem needs to be revisited and it could be one of the personality disorders. So, once again you see just like a despond disorder here also you have certain inclusion criteria, you have certain exclusion criteria this is very common in all type of psychological disorders, psychiatric disorder there has to be a well defined inclusion as well as exclusion criteria.

We have not been exposed to experimentation in psychology, but if you look at the scientific literature in psychology and the way psychological experiments are performed, you would find that for all type of sample selection, the experimenter has to define the inclusion as well as the exclusion criteria. That if you meet these criteria only then you will be qualify to be considered as a participant in the study at the same time you also define that if you have these set of things then you will not be accepted as a participate in my study. In all know journal articles will find very clearly in the studies the inclusion and exclusion criteria being defined. So, is the case with clinical diagnosis too ok.

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- Diagnostic criteria set by the American Psychiatric Association for cluster A personality disorders

*Source- Diagnostic and statistical manual of mental disorders (4th edition), American Psychiatric Association

Now, we are coming with diagnostic criterias of the APA for cluster a personality disorder again we have cluster a, cluster b, we are not going into the details of why it is cluster a? Why it is cluster b? We are not going into those details.

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Diagnostic criteria for paranoid personality disorder*
A pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:
(1) Suspects, without sufficient basis, that others are exploiting, harming, or deceiving him or her
(2) Is preoccupied with unjustified doubts about the loyalty or trustworthiness of friends or associates
(3) Is reluctant to confide in others because of unwarranted fear that the information will be used maliciously against him or her
(4) Reads hidden demeaning or threatening meanings into benign remarks or events
(5) Persistently bears grudges (unforgiving of insults, injuries, or slights)
(6) Perceives attacks on his or her character or reputation that are not apparent to others and is quick to react angrily or to counterattack
(7) Has recurrent suspicions, without justification, regarding fidelity of spouse or sexual partner

Remember one thing know, there is no point know noting down all the diagnostic criteria, you should not even try to memories it, you are not going to practice it in the clinic know. So, there is no point know writing it down or memorizing it ,what I will ask you is only to pay attention to what actually is the nature of the problem. So, that if one

is the reflecting on ones own behavior or looking at the behavior of people in around oneself, one could feel know that is it normal behavior or is it that such type of behavior requires know an intervention that is the only reason why we are discussing these things.

Now, the diagnostic criteria for paranoid personality disorder, paranoid words you understand? Yes, no? Anybody you says no? So, it is basically the degree of suspicion that is attached to it know that you are suspicious about an individual about an act about the whole phenomena that is the defining know criteria of a paranoid reaction. So, in paranoid personality disorder there is a pervasive distrust or suspiciousness of others. So, I distrust people by large I am suspicious about them. Such that their motives are interpreted as malevolent beginning by early adulthood and present in a varieties of contexts as indicated by four or more of the following now, you have seven different know distinction made here. And out of these seven minimum of four should be achieved too be classified as paranoid personality disorder, what are them, suspects without sufficient basis that others are exploiting harming or deceiving you.

So, great degree of suspicion, which is basically the defining criteria of paranoid reaction and you do not have sufficient basis for it, but then still you feel that others are using you, you are being exploited. There is a looming danger of harm any time the harm might inflect you or you are being cheated you are deceit.

Two preoccupied with unjustified doubts about the loyalty or trustworthiness of people usually friends and closes of yours. So, all you do is that you have a doubt on their loyalty, although you know tend to be very friendly to me, but I do not know if you are really my friend and you keep doubting this you stay with this doubt. Three is reluctant to confide in others, because of unwarranted fear that the information will be used in a malicious way against that individual. So, you here from others, but you are extremely reluctant, you do not confined in people, you do not share things with others, in close friendships in close associations people conveying please do not tell it to others, but you know this is happened to me, once I did it people confined in you, but those who confined basically the relationship based on a trust, a confidence that I have shared it with you and because am told you that do not tell it to others will certainly not share it with others, the loyalty would remain there.

In this case you do not trust the loyalty of others and the same time you have your own inability to be confined in others. And therefore, you stay with all types of experiences and you do not share it with others. This in itself could be a great problem because when you keep on keep on storing everything within you. You read hidden demeaning or threatening meaning into benign remarks or events. So, you somehow know have a tendency to deliberately read between the lines, this is what your claim is? That all those things are clearly spelled out, but I can very easily make meaning out of it I can read between the lines and I can understand that there is a message, although the line is positive, but the intention is wrong. So, overall you considered that that this is demeaning to you, you consider that this could be a threat to your own ego.

Five persistently you bear some amount of grudges against others, like you do not forget the insult that was committed to you once, the teacher slapped you once and even after forty years sometime that slap echoes in your ears, you are not able to forget that insult. Some injury that has taken place, you are not able to forget it or certain things that has happened to you. So, basically you know someone somebody you hold responsible for some negative experience of your life you do not forget that, you do not forgive that individual you neither forget the episode nor forgive the individual.

The sixth one there is perceives attacks on his or her character or reputation that are not apparent to others and is quick to react in the state of anger or you counterattack. So, basically once again you perceive certain amount of attack that can take place and therefore, you retaliate, you counter attack, because you considered that your character your reputation is that state. And the last one has recurrent suspicion without justification regarding fidelity of spouse or sexual partner. Out of these seven minimum of four should be present for an individual to be classified as paranoid personality disorder. Now, if you look at this and you say that fine no even in my own wing there are seven people we are very close to each other, we do spend sufficient time together, but I do not trust four of them that could be a practical situation.

But the truth also is that when you say that I do not trust four of them it also means that you are saying that I trust three of them. Remember that I am deviating now, you would find two sets of people, people who are very good in terms of initiating relationships or how are you, sir nice meeting you, in one go they will start introducing themselves the interaction will begin and they are very smart in terms of initiating relationship. And

the opposite end you have people who are not very good at initiating relationship. So, you make them they will come and very quietly occupy the chair look at the black board, which has not been know filled with any details, but you keep on keep on doing that and the person sitting next to you ensure that you do not talk to him or her.

Basically I am saying that you are bad at initiating relationship, but there could be possibility that the person who is not good at initiating relationship could be fantastic in terms of maintaining relationship. So, people whom you can classify as people who are very good at initiative relationship, people who are very good at maintaining relationship. So, if once I am your friend, if I am friendly to you then irrespective of whatever comes on our way through out the life we maintain that friendship. Any relationship is bound to know have some keeps, some ups and downs are bound to happen, but then you show great degree of know your ability in terms of maintaining it. You can very early classify people in this two categories know people who are good at initiating relationship, people who are good at maintaining relationship.

And people who are usually very good at maintaining relationship will tell you, how many friends to I have one, two and usually will realize that they have very difficulty going beyond three or four. For last so, many years so, many know at from school mates to, people in the neighborhood to, wing mates to, batch mates to, what not people who came for take rithy, entharagini and all types of festivals know and still you say that in my life I could find three good friends, but you say that you know we are still in touch with each other, we have never met since we graduated, but we are still in touch with each other that is the degree of maintaining relationship. People who are very good at initiating relationships are usually bad interms of sustaining the level of friendship.

Therefore, in paranoid setup, when you are driven with that paranoid personality disorder it is not that you will know have you will have only limited number of friends by large people, who have this tendency the way we are classifying them good at initiating or maintain relationship, we will have know a limited number of friends. I am sure know on the face book account, if you see you find people who will know keep sending and request to all types of people know. And you take pride and saying that I have right now ten thousand five hundred and sixty six friends in my list, the number is what matters. People who would know suddenly know poke you, hi, I am not feeling sleepy and you

would find people who would know we very related and they will receive know the add requests.

And usually they will reframe from adding them to their list we will find both type of people. Paranoid personality type is basically based on the fact that there is a pervasive inner feeling within you, which does not allow you to trust others, it could be your friends, it could be your colleagues, it could be your own partner, the seventh one. You would somehow have great degree of inability understanding that the person could actually be very true to me. So, you do not find others to be trustworthy and at the same time, because of this intension, you do not even feel sharing yourself, you do not open yourself and this is a double blind that you are basically adapting in life know. So, neither you allow yourself to open up before others and those who do so you do not trust them. So, first barrier for your own self, second barrier interms of not positively evaluating them, this is what defines the paranoid personality disorder.

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Diagnostic criteria for schizoid personality disorder*

A pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

- (1) Neither desires nor enjoys close relationships, including being part of a family
- (2) Almost always chooses solitary activities
- (3) Has little, if any, interest in having sexual experiences with another person
- (4) Takes pleasure in few, if any, activities
- (5) Lacks close friends or confidants other than first-degree relatives
- (6) Appears indifferent to the praise or criticism of others
- (7) Shows emotional coldness, detachment, or flattened affectivity

Then we come to the schizoid personality disorder, schizoid basically know it is closure to specified tendency know, a pervasive pattern of detachment from social relationships. Prominences of detachment in relation social relationships and a restricted range of expression of emotions interpersonal settings. So, you have only limited number emotional expressions that you show in public, beginning once again by early adulthood and present in a variety of contexts and remember once again out of seven minimum four

should be achieved for it. Neither desires nor enjoys close relationships including being part of a family, you can understand how weird it could be.

That you do not have the desire, to be part of something, including family so, no close relationships with anybody. Two almost always chooses solitary activities, people who are bad in terms of group activities, I must be share you know that in certain type of recruitment processes, you have certain type of task group tasks. Especially in say uniform services, I do not know about the police in take process, I think they do not do it to the best of my knowledge, but arm forces, the lead commando trainings there you have know certain type of group activities. And the person who moderates the whole show ensures that you should participate as a group not individually.

So, usually what happens as individuals we have our own capabilities everybody has certain capabilities know, at the same time every individual has his or her own limitations know. So, if you are able to chip in with your own abilities then as a group you become very, very strong and therefore, if you are able to work in a group, if you are able to become a good leader or even a good follower you will find literature in psychology, which would suggest you that only good leaders can be good followers. So, even if you show your ability as a very good follower in a sudden setup, which means that given an opportunity you can be an exemplary leader. So, if you do not succeed in performing things in a growth.

Then in certain intake processes the whole group is wiped out this group this set of people they cannot work in group. So, not recommended for a given type of a task, you cannot join the profession. In schizoid personality type these people have their great inability interms of working with others. Now, working with others is again a usual problem that you will find in people, who have very heightened ego, we remember we had discussed once know the pilots and the copilots in the flight engineers their interaction in the flights know, there are interesting psychological studies on air crashes suggesting that the personality type of the pilot influences know the accidents to certain extent.

So, if you have your inability to work in group and you show your preference to work in isolation that is a second criteria. Third has little if any interest in having sexual experiences with other person. So, even that less the biological urge that you find, which

is naturally available to all human beings, all animal pieces, you find that here is a person who does not have a lust for that. Four take pleasure in selected activities, very few, if any, lacks close friends or confidants other than first degree relatives, you have your first degree relatives would be your parents, beyond that you do not intimately interact with people, appears indifferent to praise or criticism of others. So, either if you have great, great, great, great you clap and this one is very neutral.

And you criticize, what have you done again very neutral. I must tell you that you should accept these very criteria with the pinch of salt, because in religious text you would find that they prescribed other that you should attain a state of indifference know, where neither praise deviates you from your track not does criticism. So, you have chosen a path you have your defined goal and you are trying to achieve it, you should not be know made to a sink from the desire track that you have thought for yourself based on prized or criticism, this is you will find uniformly I all religious text. But here basically what it means is that the indifference, which is not guided by the way it is described in the religious context, but it is basically, because you have difficulty in processing affect of others.

And last one shows emotional coldness detachment or flattened emotional reactions know. So, you are emotionally num, very cold, nice to see you, I am sure you must have seen one or two people like that know, people who shake their hand, but will know ensure at you catch hold only of small part of their palm. And you go with the broad smile nice meeting you sir, that coldness in the reaction. Detachment something has happened and you say you fallen down fractures may be, doctors will heal it. Usually the normal reaction is that once something happens, you feel attracted towards it know.

And if you find that there is actually know, if a fracture taken place you, there is a natural sense of a concerned comes for the sufferer and there is a flattened effect flattened effect is know no emotional swings know. So, the context might change and accordingly the desired emotional reaction will change, but then nothing changes in you that the schizoid personality type. But again what I would like to do is that just two more sub types are there, once we discuss that we will once again the revisit, that whole know extremes of behavior will that we had discussed with respect to what? Damages of subjective adjustment and then will try to correlate know let us see there also we were talking about extremes here also talking about extremes. So, interms of extreme of

normal behavior also where to draw the line that if the moment I cross it, I am no more normal clinically speaking. So, we will perform that exercise in the coming week.