

**Psychology of Everyday**  
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**Lecture - 13**  
**Mental Health Issues of Adults - IV**

We look at there is a lot of increase in compulsive behaviour in youngsters. Right; obviously, it is a genetic thing; some people may be having higher risk of having it, but the more the framework of restrictions and rules are set in and a going; even the slightest against it will induce a fear and a guilt.

Understood.

Which is happening in schools. Because schools are always telling to achieve, to gain, to go beyond and same type of pressures continue in the home also. So, I wonder if these teenagers and all which; they might at a certain point of time may choose a different trajectory to get into repetitive thought process.

I think you are right you know that the educational institutions are mixed with the kind of family demand; if there is a great degree of overlap, where will this young child go? Because both the places are making similar kind of demand.

Right.

Which is basically not justified at all, but because it suits you, it makes the life of the caregivers easy, then the life of educators easy. Therefore, people many people go for such kind of pattern, but which in turn makes the child very susceptible to going for; opting for a different trajectory.

Alright, so I think what we are talking about are the illnesses which have a lot of overlap in psychosocial conditions and the symptomatology. So, it appears that you are having a genetic vulnerability to have an illness; slightly higher risk and the external stress; precipitates the illness.

Phobia, anxiety.

Yeah.

Depression, but having said this; there are certain illnesses which I think we should mention so that people are able to recognize it are purely illnesses actually.

Yeah.

They may have your psychological explanation, but they are like purely biologicalnesses. Especially illnesses like psychosis. So, psychosis is has a very very core symptoms; one that the person does not have a insight into the illness, he can have some insight to full insight, but person loses touch with reality. Right and person is suffering from hallucination or delusion, these are core symptoms.

Yeah.

Now, within that; so the type of psychosis which we know is one is a most commonly known illness called schizophrenia. A schizophrenia itself by definition within 1 month, if you have this psychotic symptoms; also coupled with the social occupational impairment, it is also into various type like catatonia disorganized paranoid, where people are suspicious and having delusions of persecution that somebody is against me.

Now, and the other type is affective psychosis. The prototype of it is a severe depressive episode with psychotic symptoms and mania. These are the people who we normally see when they are very very disruptive or disrupted in their own life. Bipolar illness which is mania and depression is an episodic illness.

It will happen, it will get treated then can again schizophrenia is more or less continuous although it can happen episodic. Now the; although it is a matter of diagnosis, but let me tell you briefly that how a person who suspects that may be my brother wants to kill me; this can be a idea. Otherwise wars would not be fought.

Yeah.

It can become a delusion; delusion itself is false fixed belief of morbid origin; that is very important. The brother may actually be planning to kill, but that does not mean it is not delusion. Because what determines is why this person is thinking that the brother

wants to kill? And the answers he will give you is very very morbid, he will say that he came and he put his eating fork directed at me now this is the implausible.

Yeah.

Even if he is why would he indicate? So, it is on the implausibility on which schizophrenia is diagnosed. Now, schizophrenia is very very effective treatment; it was a illness at one point of time when Kreplin labeled it; which was the downhill course, but now they are very very effective medicine; so almost 40, 50 percent people of schizophrenia can take their medicine and move on in their life.

One of the common example is John Nash; people would have seen a movie called a beautiful mind who had schizophrenia and he went on to win a.

Nobel Prize.

Nobel Prize. So, whereas, bipolar illness is many of a people become very grandiose; reverse of sadness. Elated; elated means there they has such infectious happiness you also start laughing. So, they also they are people who will be very happy and grandiose and deluded still, these are very irritable paranoid.

And then there are other type of psychosis; all these psychosis are practically treated with medication. So, if you see somebody like this, who is suspicious over a period of time, who is getting is very very disruptive or dangerous to himself or herself; I think the first thing one should do is not try to handle too much.

Yes, exactly.

Meet a psychiatrist and refer.

Now, compared with psychosis; there is another condition these diagnosis are becoming popular; we often see people in our life; who continuously have problems in adjustments with themselves, with others, either in social thing or moodiness or not having clear goals or somebody very very anxious about and somebody going up and down and so a very very prolong period; I am not talking of days and months years of behavioral patterns.

There we try to consider diagnosis of personality disorder; that is a persistent pattern of behavior; not only in one situation, in larger situations alright. This is a difficult diagnosis to make because when you are making such diagnosis because these words are also becoming very popular now these days; I have borderline personality, I have this, I have that, but lot of this borderline personality which we are seeing more I think it comes with affluence.

[laughter]

Because the diagnosis is happening in West so, empty goals, mood swings. And so (Refer Time: 07:22) height in sense of rejection, the height in sense of entitlement, idealism; the same person is a friend and the other person the same person is devaluated other point of time. Now having said this, it is a very fine diagnosis of personality disorder, it takes lot of time and may be it will require interviews from relatives, friends lot of information; so proper diagnosis in psychiatry requires hell lot of information and all that; we cannot escape all that because these are labels.

Yeah.

So, if you put a label; then it carries on for life; so that is personality disorder. The other group of diagnosis which is very common; which is often missed are the organic set of problems especially, with old people.

Yeah.

A person who has not had a; suppose a depression or any other illness in life at the age of 65 and we see lot of old people living alone these days right; kids are outside. They are; they have a restricted social circle because of their physical disabilities and all and lifestyle is also restricted; very few of old people really keep themselves activated in reading or gardening and even if they want at times is the physical restrictions which.

Also, also in our society at many places things are not planned to be helpful to the older guy.

They are not at all planned.

So.

There are no ramps anywhere.

So.

So that they can go independently.

So, they have the all those who would have the physical issues.

Yes, yes.

Would have problem managing things.

So, that keeps that pushes them into sort of certain lethargy, monotony.

A confined kind of a lifestyle.

Some amount of depression, but I would not call that depression, but that is lifestyle; that had can only be changed with some amount of help and social environmental manipulation, but still there is a percentage which would suddenly have old people would; would behaving normally; they have a medical illness and after medical illness they start behaving abnormally. This is a very common scenario which I think all young people would face with their grandparents and all; there is nothing to panic in that.

Because at times it can happen because lot of people who are and there are small things which doctors also should notice is that a person who is taking medicines for blood pressure would this is a common myth that you should take less salt; so, they take less salt. So, in summers you lose salt; so sodium level falls down and that triggers off psychosis.

So, huge percentage of people who start behaving abnormally will find a low level of salt; you give some medicine correct they are alright. Some people; lot of people have this small infarcts a small arteries where the blood is blocked and all that if you get MRI done for people above 60; lot of people will have all that. So, every episode will cause some memory (Refer Time: 10:32) and then so there is a something called not every forgetting; not every memory loss is dementia; dementia is another popular word beyond anxiety and right.

Yeah.

Dement, true dementia is a progressive illness in intellect, in personality and social functioning. That is really miserable and difficult because we really do not have the medicine to treat it. Some of them these people can be treated, if they have a suddenly we discover a tumor in the brain or some other medical infectious cause and all.

B 12 vitamin deficiency; so old people need extra care, they can have all the illnesses which are caused in; because of all the illnesses the; see the age range where most illnesses are causes between 16 to 45. Most people will have and especially these teenage years; there is a reason for it because when the brain is growing those 10 to the power 11 neurons are forming synapses; the synapses in the networks overgrow right; more than what is required. Because the brain is collecting all the information and there is a pruning which happens; so which leads to loss of the synapses.

So; that means, your brain grows till 18 and then it starts shrinking; your brain starts shrinking when you are 18. You just survive through the inertia through many years, but for reasons; known unknown we still do not know the cause all with there are many theories. Something like Alzheimer's disease where there is a progressive loss of memory while Alzheimer's grows very slowly or in as contrary to something like vascular dementia whether it is a sudden stroke right.

So, one should be cautious with the old people; they may have diabetes, they may have thyroid, excessive sleeping or total sleeplessness not for 1 day or 2 days, but if it continuous over a period of time; I think they require definite medical help.

The psychology as it steps in and has a major role to play especially, with old people.

That is true.

Because it is not important that we treat their dementia or their cognitive deficits. It is important to cognitively retrain it.

Exactly, I think the orientation of the caregiver.

Yes.

Plays a central role.

Yes.

Because in something like an Alzheimer's as you are referring to; you know that there is a limitation to the treatment that you are trying to provide, there is not a solution to that.

Yes.

And probably the decline will become slow.

Yes.

At max; at max.

At max.

And, but then the way you interact with the person who still struggles with himself or herself where, the challenge is more for the person who is suffering from Alzheimer; rather than those who are just giving care.

Yes.

And therefore, the owners lies on us to make them realize that there is just a marginal loss and you need not worry about it.

There is a; there are beautiful movies which have come up on this; when the person starts forgetting and they did. So, it is also a shock when the mother does not recognize the son and so, lot of people get into huge depression; the caregivers depression.

See any of these illnesses; let us understand any illnesses, whatever we have talked, they are never taken easily, they cause huge drainage of resources, moneywise, medication wise, investigation wise, but beyond that it is a huge emotional reasons because of our affection and attachment.

That is true; that is true.

So, the caregivers burden ss something which is reality and so it is not always patients who come to us and we have to; we also have to take care that we give some emotional support to the caregiver also.

Caregiver also.

Especially, in the long term illness like schizophrenia, where the important thing is and that is where psychology steps in rehabilitation. Person is psychosis not in touch with reality give medicine, it improves; he has to get back to normal life.

So, unfortunately.

I think another interesting challenge is unlike the usual medical conditions; where you happen to see the symptoms, say a wound you are able to physically see the wound.

Right.

A psychological scar is not visible.

Yes.

And irrational fear is not visible.

Absolutely.

So, dog chasing you or a snake in front of you is a real source which is physically available. But what happens to the dog that runs in my mind?

Right.

Or the snake that cross in my mind?

Right.

So, with psychological disorder, all psychological disorder let us put together; it is very difficult for the caregivers and you have to be sensitive enough.

Yes.

To see things from the lens of those who are undergoing that.

Right.

And, also be very tolerant else managing.

Yes.



Patient is not that easy.

Yeah and; and also because there is lot of stigma attached to mental illnesses still.

Yeah, it is true.

Unfortunately, if somebody show some aberrant behaviour; this we discussed when we were talking of normalcy and abnormalcy. If somebody shows some aberrant behaviour, first it is assumed that that person has some control over it and he is doing it deliberately. So, lot of will is brought in.

Right, till people able; are able to realize that the person does not have a will or he is not able to control or it is going beyond a certain point. Same is with the; these things like dementia when they lose hope; they do not recognize it is the; their depression which actually affects the caretaking of it; isn't it? So, that is a big thing which psychology has; it is in the hand of psychology actually.

Yeah.

A psychology really has to; although we do not have very effective mechanisms like at the same time we should be clear that most people like in schizophrenia, if you do not have a rehabilitation; we do not have many vocational rehabilitation center. So, how do you really help these people? So, I think because most people would be encountering all this in coming years, the way because if you say 1 percent in India; it means 1.2 crores.

Yeah [laughter].

Which is a huge absolute number.

Yeah, that is true.

2 percent; 2 crore depression. 2 crore anxiety, 2 crore; so we have 25 crore people, who will have one or the other form of illnesses. And some of this will be overlapping. So, this is a whole new generation which has to go and face all this. So, it is important that we get psychologically mindedness.

We also think that the people who are having problems are people who are having problems of their own doing or biological or medical or whatever. And at the same time

it is important that we respect the illness, as well as try to bring them back to main stream.

Yeah, that is true; that is true.

You know patients also lose will.

Some of the.

No, if the social support system is not available.

Alright.

If acceptance is not there in the family; then by default this will push them in corner.

And also we do not have many vocational rehabilitation centers and things like that; even I see people with dementia, a psychologist will sit and make them a home based plan which is half understood, half not understood; the people because of their financial thing are unable.

To go back and so all half baked stuff is going on; I think in coming years, although the government is paying attention to it, but the systematic organization of mental health services is very very poor.

Yeah, that requires attention.

That requires attention.

Requires attention.

That requires attention; both at the level of medical inputs, at the level of psychological inputs. And, I think now when you are saying the connect between academics and this; this is where clinical and academic can unit; I think this is the time when because see you find lot of academic psychologists right, but you find less of clinical psychologist. So, why cannot we train people?

Train academic people also into some sort of clinical stuff so, at least wherever they are; they can pass on some input to the.

That is true; that is true.

Care giving into the areas of.

That will also you know perhaps help them decimate knowledge.

Yes.

That would be beneficial for everyone.

Yeah.

To practice some degree of issues that we have talked about.

Absolutely.

Care giving, taking care of self, giving care to others.

Because.

Managing different kind of issues.

Yes, yes.

That we have discussed.

No, because somebody who is doing a thesis talking to a caregiver across the table, putting in a set of questionnaire may feel empathy or sympathy for the time being intellectually (Refer Time: 20:38).

But for a clinician, unfortunately the psychiatric clinics are very very crowded right. So, people are so focused on giving medicine, doing small follow ups that to really sit back and listen to everybody woe everybody's difficulty in sorting out their life problems; it becomes a luxury right, but that is not the way actually.

So, a clinician knows that this is the problem, but what does a clinician do? So, I think we have to be more creative in handling creative; in the sense that suppose, the person comes from a small town and there are no vocational center and his schizophrenia is improved, but once he has had a schizophrenia or deceptive; however, the whole relative will think he is mad.

Yeah.

Right family would be hiding it; they do not want; now it is very open people bring it, but I think people do not bring it because there is a mental illness per say they understand. What they understand is a deception that it causes right.

So, they will bring; they will treat and person becomes alright, but then he has no work he has no work, he is empty.

Again the whole cycle of this disturbance will; so this is at one end plus also let us see in geriatric psychiatry. Geriatric psychiatry is going to be a huge burden because of may be that a small percentage of illnesses like dementia and cerebrovascular accidents and all that, but also because of this population which is going to live alone.

That is the also the average life span has increased now.

Yes, medications keep them alive for a long.

Substantial number; substantial number of them as you are rightly suggesting you know that they are forced to live life all alone and we do not have the; what we call system at place which will take care of those people.

So, the challenge is far higher (Refer Time: 22:47).

Plus the migration which is happened from the small town everybody goes out to metros and all.

That is true; that is true.

In metros, people do not live together because of the housing problems and all. So, maybe it is like visiting your parents on weekends and every illness causes a deception. So, we often see in the small towns that people who are there at 40, 50 are actually taking care of not only their parents, but parents of their friends and everybody.

In fact, I read something very interesting I thought with towards the end we will talk about it; that there is a finding that delusions are very commonly seen in patients from upper socioeconomic status and urban background. So, when you were referring to this [laughter].

It clicked to me.

No, but it is not so.

It is not so.

No, no.

Ok.

It is very very; it is the same thing.

Across; across the.

In rural urban whatever if you have delusion, you have delusion; content of delusion varies.

Is it say when you are contesting this finding; is it that this kind of observation would have been based basically from the urban sample?

Yeah, so what sampling did they do?

And because you are looking at patients across board.

Yes.

Therefore, you find that the content of delusion differs.

Yeah, so.

But.

A villager would not say that somebody has put a thing on satellite and.

A villagers very rarely would come with delusion of infidelity.

Delusion of infidelity is largely a urban phenomena, where there are [laughter] chances of actual infidelity.

A villages; the village psychosis now; either it will be in negative symptoms with apathy, a motivation, alogia; all that where people with the flat face the or not necessarily, but the delusions are simpler.

Once you cross this I think; it is a education thing also because more you get into logical thinking and this and that and all that. See there is a strange findings; obviously, your thinking becomes more complex. The delusions becomes very very well systematized, elaborate right more technical things and infidelity; infidelity is a possibility in city right.

So, I this is a strange phenomena with this mobile in app and with WhatsApp and all that; we know these things are happening in the society. So, that is now the there is something called overvalued ideas, lot of religious people have overvalued ideas; whether they border on delusion or they still remain in idea is something very difficult to discern.

Because discern; if you do not discern then you we tend to label lot of people as having delusions. If you base it on implausibility or not the impossibility, but the implausibility; the whole logical argument of it is what, but then again psychiatry again does not step beyond it border; although it can be used for political purposes.

But take something as a; now if you look at something as a; the holocaust what Hitler, but Hitler if he was deluded; then the whole country was deluded believing in the Aryan supremacy.

They went on to kill Jews and kill not in a simpler way of just killing; the ruthless manner and they have absolutely deviant creative manner they devised you; one should see this films and all they.

And how can you let me tell you there was I was seeing a film called Photographer from Man Houston [FL] something like this and they device a car; a van in which they want to put these naked people. Put on the gas. Right, so this; this commander examining he said you should put on light and then release the gas.

[laughter].

They said why? Because he said if you put off the light; all these people who are sitting in the van will panic and then panic; they will become unpredictable in their behavior; so we do not want any chaos in that. So; that means, absolute well thought of.

[laughter]

Even in delusion.

So, it can be a well systematized delusion. There was no way of examining all that, but if it was not delusion it was just an overvalued ideas; then I do not know what delusion is then. So, these type of confusions which we have been talking it becomes very difficult at times to decide and people do not want to cannot do anything much about it. But more than adults and geriatric, I think what we should discuss also give some time to it in telling people is the biggest threat which is coming; is this blood boundary of normal and abnormal illness versus conditioning versus stress; we just mentioned it in passing is this whole arena of child psychiatry.

That we will take up in the next lot of discussion.

Yeah, I think because children are future; they are going to run the country. Children being unhappy is not a very good state to living.

Also; it is good to sensitize the population at large.

Yes, so I think.

So, what are the issues that they should know and what are the things that they should take care of.

I think we should have the last sessions on child psychiatry.

Yeah.

After this and maybe we will be able to tell them because these are the; the incident of child illness is increasing. And I think people should be able to identify these things in their kid children. But unless they identify, I think what is the most important keyword in child psychiatry is early intervention. So, identification and early intervention is the most important thing and so I think we will next.

Next, next session we will take it up.

Next, we will talk about it.

Thank you and we will try and give and we will tell them about the questions which they can send us and later on at.

Thank you.