

HUMAN GROWTH AND LIFESPAN DEVELOPMENT (Adulthood to Old age)

Syllabus

Unit-I Growth and Development.

Psychology: Relevance of Psychology for social work practice, Meaning of growth and Development, Approaches to study of Human Development, Principles of Human Development, Biological influences of Human Growth and Behaviours, Personality Theories, Psychodynamic and Behavioural Theories.

Unit-II Development Stages:

Physical, Social and Educational Aspects of the following developmental stages with special reference to Indian conditions (a) infancy (b) Babyhood (c) Early Childhood (d) Late childhood (e) Adolescence (f) Early Adulthood (h) Middle Age (i) Old Age.

Unit-III Medical and psychiatric Information.

Concept of health and Hygiene. Communicable and deficiency diseases.

Unit-IV. Concept of normality and abnormality.

Symptoms, causes and treatment of the following Neurosis Psychopathic disorders and Mental retardation role of Social Worker in promoting health.

UNIT-I
GROWTH AND DEVELOPMENT.

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1.1. OBJECTIVES

After learning this unit, the students will be able to:

- Define Psychology
- Importance of Psychology for social work practice
- Differentiate between growth and development
- Learn about various approaches and principles of human development
- Understand the biological influences on human growth and behaviors
- Know about various personality theories of growth and development

1.2. PSYCHOLOGY: MEANING AND DEFINITION

Psychology owes its origin from Philosophy. In the year 1950, Rudolf Goeckle first used the word „Psychology“. The term „Psychology“ is a combination of two Greek words „Psyche“ and „Logus“ which mean „Soul“ and „Science“, respectively. It has a long history. A review of the history of psychology reveals that during the Greek period philosophers dominated the field of psychology. At that time, Psychology was not a separate discipline. It got scientific status in the year 1879, when Wilhelm Wundt established the first psychological laboratory at Leipzig in Germany. It has been defined differently by different philosophers and psychologists. The most appropriate definition of psychology has been advocated by R.S. Woodworth (1910-1960). According to him, “Psychology is the scientific study of the activities of the organism in relation to its environment”. Psychology is a positive science which helps to understand, predict and control human behaviour. It uses scientific methods to study different activities and experiences systematically. The word „activities“ includes both external behaviours and internal mental processes. It studies behavior of living organisms, both animals and human beings. It acknowledges the role of environment in shaping the behavior of organisms. Thus, it is concluded that psychology is the scientific study of

behaviours, experiences and mental processes of the organisms in relation to the environment.

1.3. PSYCHOLOGY AND SOCIAL WORK: THE RELEVANCE OF PSYCHOLOGY TO SOCIAL WORK

An individual lives in a society and different social processes influence the individual's attitudes, beliefs and values etc. As individuals interact with the environment and through interaction gain knowledge and experiences, therefore individuals' behaviours are moulded by the environment.

Psychology deals with activities of living organisms whereas social work practices concerned with the situations where those activities take place. Psychology can make things easier for social worker in order to understand the situation. It helps the social worker to understand the abilities, attitudes, personality, motivation of the individual and also facilities available in the environment of the person with whom the worker is dealing with. It provides any innovative solutions to reduce potential problems faced by the social work professionals. Social workers can save time and energy to find out the root causes of societal problems by interacting with the person who seeks help, his/her family members, friends etc. Social work concerns not only about the individual who uses the service of the social worker, but it also takes place in a social context. For example, the case of a physically disabled person and the situation where the person stays. The study of the human mind and behavior of the individual help the social worker to design an action plan to help the person. Psychology helps a social work professional service user in

- Understanding different activities of the individual
- Knowing the cause of the particular activity
- Knowing the positive and negative qualities of the individual
- Understanding intelligence, abilities, attitudes, motivation, aptitudes and personality of the person
- Understanding actions and interactions of the individual in the peer group and causes of his activities
- Learning about the situation where an individual is

- Understanding his parents and other family members and the rearing process
- Understanding the problems of the individual and seek help

1.4. GROWTH AND DEVELOPMENT

Most people use the terms „growth“ and „development“ interchangeably and accept them as synonymous. But in reality, the meanings of these two terms are different.

1.3.1 GROWTH: CONCEPT AND DEFINITION

Growth refers to physical increase in some quantity over time. It includes changes in terms of height, weight, body proportions and general physical appearance.

In Encyclopedia Britannica, growth is defined as “an increase in size or the amount of an entity”. It means growth involves all those structural and physiological changes that take place within individual during the process of maturation. For example, growth of a child means the increase in weight, height and different organs of the child’s body.

Hurlock has defined Growth as “change in size, in proportion, disappearance of old features and acquisition of new ones”.

Growth refers to structural and physiological changes (Crow and Crow, 1962). Thus, growth refers to an increase in physical size of whole or any of its part and can be measured.

1.3.2. DEVELOPMENT: CONCEPT AND DEFINITION

Development refers to the qualitative changes in the organism as whole. Development is a continuous process through which physical, emotional and intellectual changes occur. It is a more wider and comprehensive term than growth. It is also possible without growth.

In Webster's dictionary development is defined as "the series of changes which an organism undergoes in passing from an embryonic stage to maturity."

In Encyclopedia Britannica is the term development defined as "the progressive change in size, shape and function during the life of an organism by which its genetic potential are translated into functioning adult system." So, development includes all those psychological changes that take in the functions and activities of different organs of an organism.

Development is continuous and gradual process (Skinner). According to Crow and Crow (1965) development is concerned with growth as well as those changes in behavior which results from environmental situation."

Thus, development is a process of change in growth and capability over time due to function of both maturation and interaction with the environment.

Table 1.1A: Comparison of Growth and Development

➤ Growth refers to physiological changes.	➤ Development refers to overall changes in the individual. It involves changes in an orderly and coherent type towards the goal of maturity.
➤ Changes in the quantitative respect is termed as growth.	➤ Development changes in the quality along with quantitative aspect.
➤ Growth does not continue throughout life.	➤ Development continues throughout life.
➤ Growth stops after maturation.	➤ Development is progressive.
➤ Growth occurs due to the multiplication of cells.	➤ Development occurs due to both maturation and interaction with the environment.
➤ Growth is cellular.	➤ Development is organizational.
➤ Growth is one of the part of the developmental process.	➤ Development is a wider and comprehensive term.

➤ Growth may be referred to describe the changes in particular aspects of the body and behavior of the organism.	➤ Development describes the changes in the organism as a whole.
➤ The changes produced by growth are subjects of measurements. They may be quantified and observable in nature.	➤ Development brings qualitative changes which are difficult to measure directly. They are assessed through keen observation of behavior in different situations.
➤ Growth may or may not bring development.	➤ Development is possible without growth.

1.5. PRINCIPLES OF HUMAN DEVELOPMENT

Developmental psychologists believe that knowledge of an accurate pattern of development is fundamental to an understanding of children. There are several basic principles that characterizes the pattern and process of growth and development. These principles describe typical development as a predictable and orderly process. Even though there are individual differences in children's personalities, attitudes, behavior and timing of development, the principles and characteristics of development are universal patterns.

1. **Development involves change:-** The human being is undergoing changes from the moment of conception to the time of death. There are different types of change occur such as, changes in size, proportions, disappearance of old features and acquisition of new features etc. The goal of these developmental changes is self-realization, which Abraham Maslow has labeled as self-actualization. Each individual is equipped with certain abilities and potentialities at birth. By utilizing the innate or inborn abilities one tries to realize and strive for self actualization during the total life period. Children's attitude toward change are generally determined by his knowledge about these changes, social attitudes toward this change and the way people of society treats to children when these changes take place.

2. **Development is a continuous process:-** Development continues throughout the life of an individual. This process takes place in interaction with the environment in which a person lives. One stage of development is the basic framework for the next stage of development. A child has limited knowledge and experiences about his environment. But as he develops, he acquires more information through explorations and adds to the skills already acquired and the new skills become the basis for further achievement and mastery of skills. For example, the child is able to write and draw, he must have developed a hand control to hold a pencil and crayon. Thus, a person has vast experiences and knowledge as he grows up.
3. **Development follows a direction and uniform pattern in an orderly manner:-**
 - (i) Development proceeds from the center of the body outward. This is the principle of proximodistal development that describes the direction of development (from nearer to far apart). It means that the spinal cord develops before outer parts of the body. The child's arms develop before the hands and the hands and feet develop before the fingers and toes.
 - (ii) Development proceeds from the head downwards. This is called the cephalocaudal principle. According to this principle, development occurs from head to tail. The child gains control of the head first, then the arms and then the legs.
4. **Individual Differences in the Development Process:-** Even though the pattern of development is similar for all children but the rate of development varies among children. Each child develops as per his abilities and perception of his environment. Children differ from each other both genetically and environmentally. So, both biological factor and environmental situations have their impact on individual's development which leads to individual differences in development. Understanding this fact of individual differences in rates of development should aware us to be careful about using and relying on age and stage characteristics to label children.
5. **Development depends on maturation and learning:-** Maturation refers to the sequential characteristic of biological growth and development. The biological changes occur in sequential order and give children new abilities.

Changes in the brain and nervous system account largely for maturation. These changes in the brain and nervous system account largely for maturation. The child's environment and the learning that occurs as a result of the child's experiences largely determine whether the child will reach optimal development. An enriched environment and varied experiences help the child to develop his/her potential.

6. **Development is predictable:-** Human development is predictable during the life span. Although this development is influenced by both genetic and environmental factors, however, it takes place in a pre-defined manner. Specific areas of development, such as: different aspects of motor development, emotional behavior, speech, social behavior, concept development, goals, intellectual development etc. follow predictable patterns. For example, the growth of the child in height and weight etc. continue up to a certain age. In general, it is also found that all children follow a commonality in the development periods of life. All children generally grow following the periods like prenatal period and postnatal period. The postnatal period includes infancy, babyhood, childhood, puberty and so on.
7. **Early development is more critical than later development:-** Milton writes "The childhood shows the man, as morning shows the day." Similarly, Erikson views "childhood is the scene of man's beginning as man." He explains that if parents gratify the needs of the child for food, attention and love etc. , his perception towards people and situation remains positive throughout his life. He develops positive attitudes, feels secure, emotionally stable and adjust well with the environment. If negative experiences occur during early life of the child, maladjustments may take place. Glueck concludes that delinquents can be identified as early as 2-3 years of age. Different researchers view that the preschool years age are most important years of development as basic foundation is laid down during this period which is difficult to change.
8. **Development involves Social expectations:-** In every society there are certain rules, standards and traditions which everyone is expected to follow. Development is determined by social norms and expectations of behaviors form the individuals. Children learn customs, traditions and values of the

society and also what behaviors are expected from them. They realize from the approval or disapproval of their behavior.

Social expectations are otherwise known as “developmental tasks”. Havinghurst defines developmental task as a “task which arises at or about a certain period in the life of an individual. Developmental tasks arise mainly (a) as a result of physical maturation, (b) from the cultural pressures of society, (c) out of the personal values and aspirations of the individual. The developmental tasks remain the same from one generation after another in a particular culture. As societies are evolving, changing traditions and cultural patterns of a society are learned automatically by children during their development process. These developmental tasks help in motivating children to learn as well as help parents to guide their children.

9. **Development has potential hazards:-** Development may be hampered by various hazards. Hazards may be of physical, environmental or psychological type. These hazards may be originated from the environment in which the child grows or due to hereditary factors. They have negative impact on physical as well as sociopsychological development of the child. The growth of the child may be retarded, he may be an aggressive person or he may encounter adjustment problems. For example, if a child is slurring or stammering and parents neglect the child, the child may continue with this problem.

10. **Happiness varies at different periods of development:-** Happiness varies at different periods in the development process. Childhood is the happiest period of life and puberty is the most unhappy. The patterns of happiness vary from child to child and it is influenced by the rearing process of the child.

Paul B. Baltes stated six principles of development of life span approach. The six principles of development are mentioned below:

- 1) Development is a lifelong process- Development is a process which continues throughout life. It begins at birth and ends in death of an individual.
- 2) Development includes both gain and loss during life span. The child may develop in one area and lose in another area.
- 3) Development is influenced by the biological factor and environmental situations- The human development is influenced by

biological and environmental factors. For example, the body strength of the child develops in the early period but may deteriorate during old age.

- 4) Development involves changing allocation of resources. It states that during different developmental periods, resources such as; time, money, social support etc. are used differently. For example, during old age people require more money to maintain their proper health.
- 5) Development can be modified- This principle reveals that through proper training development can be modified. For example, an individual can maintain his proper health by doing different exercises even in old age.
- 6) Development is based upon historical and cultural environment- The child grows, develops, acquires knowledge about the traditions, rules, regulations of society according to his historical and cultural environment.

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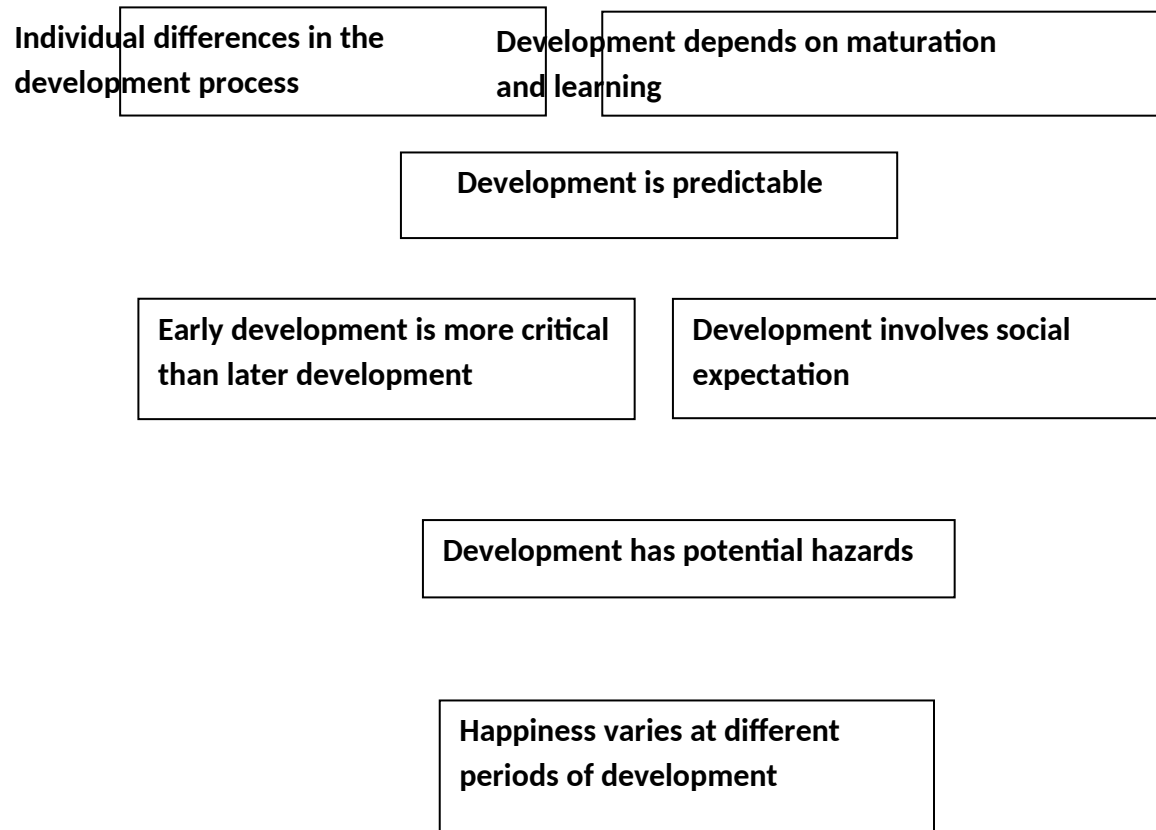


Fig. 1.1: Summary of Principles of Human Development

1.6. FACTORS AFFECTING HUMAN DEVELOPMENT

Human development is the process in which the changes occur in all the aspects of an organism from conception to death. It is a natural process for each and every child to grow. But it is observed that all children do not grow in the similar fashion. Some children's physical growth occur earlier than others, some

are physically stronger than others, some are taller than others and so on. So far as mental development is concerned, some children have better cognitive ability, memory, reasoning, thinking ability etc. than others. All children also do not have same type of intelligence. Some have more musical talents, others have more intrapersonal intelligence, others also have more linguistic abilities etc. So, children differ from each other because several factors influence on their development. Some of the important factors have been enumerated below:

- 1) ***Hereditary Factors***:- Heredity exerts an influence on human development. The child carries genetic endowments from his/her parents. It is genetically transmitted characteristics from one generation to the next. The physical characteristics like height, weight, eye color etc. and psychological characteristics such as intelligence, personality, creativity and so on are innately determined and hereditary. The genetic code provides the base on which brain and body grow and manifest in observable appearance and behavior.
- 2) ***Environmental Factors***:- Another important factor of human development is the environment where an individual lives. The child lives and grows in his environment. Environment consists of a wide range of stimuli and it provides the necessary input and experiential base for development of the child. Enrichment or impoverishment of the environment would produce differences in his abilities. For example, a child may have inherited music talent from his parents through transmission of genes, but he may not excel in music field if he does not get the proper environment and support to develop his innate ability.
- 3) ***Home Environment***:- Home environment exerts tremendous influence on child's understanding of the external world. It builds self-concept and prepares him to face the external world. The child begins to acquire knowledge through interaction with parents and other family members. During his early years of development, the behaviours of the child are modulated by the home environment. The environment of the family can be supportive or stressful for the child. If it is supportive, warm and harmonious environment, the child develops normally. In unsupportive and stressful home environment, broken families or uncaring parents in the family, children may develop as maladjusted persons.

- 4) ***Cultural Factors***:- Culture refers to a system of beliefs, attitudes and values that are transmitted from one generation to the next. It is a product of past human behavior and is also a shaper of future aspirations. The development of the child is influenced by family as well as by the society. The child learns the habits, beliefs, attitude, skills and standards of judgment through the socialization processes. The socialization processes of the child take place according to the culture, customs and traditions of the society. For example, greeting someone is a familiar experience but behavioral experiences are different in different cultures. In Indian culture, people greet others by saying namaskar, folding hands or lying down near the feet but in Western culture, people greet by handshake or kissing or saying hello etc.
- 5) ***Socioeconomic Status (SES)***:- Socioeconomic Status plays a pivotal role in human development. The index of socioeconomic status is determined by parental education, occupation and income. The children of low socioeconomic status may develop as mal-nourished, suffer from lack of knowledge in many aspects and their normal development may get hampered. The parenting in high socioeconomic status families would be different from low socio-economic status families. Children of the high socioeconomic groups of the society get better social opportunities, are nurtured with better nutrition, good medical treatment and are exposed to more intellectual stimulation than low socioeconomic group.
- 6) ***Normative influences***:- Normative influences occur in a similar way for majority of people in a particular group. These influences may be biological or environmental. For example, biological events like sexual maturity or deterioration in old age. Environmental events, like entering the school at about 6 yrs of age, parenthood etc. have the same influences on individuals. Most of the people of the same age, at same place and time and generation have common biological and environmental influences such as floods, famines and other natural disasters. Non-normative influences include the unusual life events in an individual's life. For example, death of a parent when a child is young or birth defects etc.
- 7) ***Education and Training***:- Each child is equipped with certain abilities which need to be nurtured through proper education and training. Therefore, the first and foremost step is to identify and recognize the ability

of the child and the next step is to provide adequate opportunities to develop the same. If proper identification of the ability is not possible and adequate facilities are not available to the child, then his innate ability may not be developed. Thus, adequate education and training have influence on human development.

BIOLOGICAL INFLUENCES ON HUMAN GROWTH AND BEHAVIORS

Human development is a result of the interaction of biological, cognitive, socio-emotional and ecological processes. Genetic factors are the basic framework of the biological processes of development. For example, developments of brain, heart, lungs, nervous system etc. ; depend largely on the hereditary characteristics of the individual. Similarly, changes in the height, weight, sex characteristics are parts of the biological processes of development. Each and every individual tries to keep himself/herself both physically and mentally healthy. There are differences among individuals due to the biological basis of self-preservation. For example, a child who is physically stronger can overcome various problems that come across in the growing up than the less physically strong child. Similarly, the child who is emotionally stronger and stable can face various problems in life than the other child. Thus, physical as well as emotional strength relates to genetic factors. Due to the genetic factor some children have the desire to live longer while other children have the death wish is stronger.

The biological influences are also observed in the needs of the children. For example, a child needs food when he is hungry, he requires water when he is thirsty and so on. These needs are associated with preservation of one's life. But how these needs are fulfilled depends upon socio-cultural influences. The biology of a person is interlinked with his behaviors. Thus, both body and mind are interdependent. Physical damage can result in mental problems and mental problems may affect physical well-being.

As human being lives in a society, with his biological endowments he interacts with different stimuli of the environment. Social traditions, culture, beliefs, nationality and others influence human behavior. Both culture and behavior of the individual are inseparable. Thus, human

development and behaviors are combination of biological, social and psychological influences. For example, a child has talent in mathematics by birth due to hereditary factor but if the environment does support to develop his talent, the innate ability may not develop properly.

Characteristics of Biological Influences on Human Growth and Behaviors:-

The human growth and behaviors can be understood from the characteristics mentioned below:

- 1) ***Behaviors are Reproduced in Successive Generations:***
Behaviors in species are handed over from generation to generation. In other words, the particular behavior continues over several generations. For example, goats live to move in flock.
- 2) ***Change in Biological Process determines Change in Behaviors:*** The changes in human growth and behaviors are determined by changes in biological processes. If there is a change in biological structure or process that leads to changes in human growth and behaviors also. For example, if there is damage in a particular area of the brain of a person, the behaviors of that person may change as he may express more aggressiveness or emotionality. Similarly, the intake of certain drugs may change the brain chemistry which have produced behavioral changes of human beings.
- 3) ***Behaviors run in families/ Behaviors are transmitted in families:*** It has been observed in families that if a person in the family has mental disorder, other members of the same family may have same problem to some extent because they carry some similar genes which are transmitted over generations.
- 4) ***Genes are Evolutionary:*** Behavioral changes occur through evolutions of genes. The genes of chimpanzees and human beings are almost similar. So, chimpanzees are closest to human beings and their characteristics and behaviors are more or less similar to humans which can be traced on the basis of history of evolution of genes.

1.7. PERSONALITY: CONCEPT AND DEFINITION

Personality is a controversial concept. People used this in various ways. The term „personality“ is derived from the Latin word „Persona“ which means a theatrical mask used by actors in those days to indicate their role in theatrical play. People usually think that personality means physical attractiveness or reputation etc. So different terms are used to type a person, such as „he is shy“, „he is introvert“ etc. Thus, everyone has got a personality. This personality includes both outer self and inner self and both of these interact with each other.

Several attempts have been made by sociologists, philosophers and psychologists to define personality in different ways. All these definitions emphasized on the total person, i.e., his external appearance, his abilities, tendencies, innate and acquired characteristics. Some of these definitions are discussed below:

Coleman (1960) defined personality as “the individual’s unique pattern of traits, the pattern that distinguishes him as an individual and accounts for his unique and relatively consistent way of interacting with his environment”.

According to Mischel (1986) personality as “what usually refers to the distinctive patterns of behavior (including thoughts and emotions) that characterize each individual’s adaptation to the situations of his or her life”.

One of the most appropriate definitions of personality has been given by G.W. Allport. He defined personality “as the dynamic organization within the individual of those psychophysical systems that determine his unique adjustment to his environment”. Thus, personality is the sum total of physical abilities and mental traits of the individual which are dynamic and they help one to adjust to his environment.

Characteristics of Personality

- 1) Personality is unique.
- 2) Personality refers to relatively stable qualities of an individual.
- 3) Personality represents a dynamic orientation of an organism to the environment.
- 4) Personality is greatly influenced by social interaction.

1.6.1. THEORIES OF PERSONALITY

Personality theories have been classified into four groups. They are:

- 1) Trait theories
- 2) Psychodynamic theories
- 3) Behavioral theories
- 4) Humanistic theories

Trait Theories

Trait theories attempt to describe personality as the sum of certain traits. According to Kimble and Garmezy “trait is a stable and enduring attribute of a person which is revealed consistently in different situations.” Allport believed that the pattern of these traits is unique in each individual and determines his behaviours. Therefore, traits are consistent personality characteristics and behaviours manifested in different situations. Trait theorists assumed that all people possess certain traits, but the degree to which a particular trait applies to a specific person varies and can be quantified. It is necessary for trait theorists is to identify specific primary traits in order to describe personality. For example, If we compare the personalities of two persons, one being extrovert and another being introvert. The extrovert person would be social, happy go lucky and would make friends easily while the introvert’s behaviour would be shyness, lack of initiatives in social interactions etc.

Gordon Allport suggested that there are three major traits, viz. cardinal, central and secondary traits in personality. The special trait which provides uniqueness to the person is known as cardinal trait. The cardinal trait is observed in almost all the behaviours throughout one’s life. A child who becomes the monitor of the class since beginning tries to be a leader in the state. Central trait refers to the major characteristics of an individual. These traits make up the core of personality. Central traits, such as honesty and sociability, they usually number from five to ten in any one person. Secondary traits are characteristics that affect behaviours of a person in fewer situations. These traits are less enduring. For example, a person is invited to attend a marriage party, He may wear sherwani for this purpose but in general he may like to wear casuals.

Personality psychologist Raymond Cattell (1965) viewed that personality is made of two types of traits – the surface traits and the source traits. He suggested that sixteen pairs of source traits represent the basic dimensions of personality. He called source traits as the core factors of personality and they are underlying internal traits responsible for behaviours. On the other hand, surface traits are some general traits and are possessed by all which are observable patterns of behaviour. He conducted research on these surface traits and applied factor analysis.

Another trait theorist Hans Eysenck (1992, 1994, 1995) also used factor analysis method to identify patterns of traits to discuss about the nature of personality. He viewed that personality could be described in terms of just three major dimensions: extroversion, neuroticism and psychoticism. The extraversion dimension relates to the degree of sociability, the neurotic dimension emphasizes emotional stability and psychoticism encompasses to the degree to which reality is distorted. Eysenck suggested that behaviour of a person can be predicted accurately in a variety of situations by evaluating along these three dimensions.

The most influential trait approach contends that five traits or factors – called the “Big-Five” – lie at the core of personality. Now-a-days the “Big-Five” represent the best description of personality traits. The “Big-Five” factors are : (a) Extroversion, (b) Agreeableness, (c) Conscientiousness, (d) Emotional stability and (e) openness to experience.

Extroversion refers to a personality dimension describing someone who is sociable, gregarious and assertive. Agreeableness describes someone who is good natured cooperative and trusting. Conscientiousness is a measure of reliability that describes someone who is responsible, dependable, persistent and organised. Emotional stability characterises someone as calm, self-confident, secure. The person with high negative scores can be nervous, anxious, depressed and insecure. Openness to experience dimension of personality characterizes someone in terms of imagination, sensitivity and curiosity.

Trait theories have also been criticized by some theorists. They have cautioned that personality traits will not be expressed in the same way across different situations. Walter Mischel has discussed about trait-situation interaction, in which the situation is assumed to influence the way in which a trait is expressed.

Trait theories do not reveal the origin of different traits and how do they develop and can be modified or changed. These theories are empirical or data oriented. Factor analysis theory has been criticised on the ground that individuality is lost.

The advantage of trait theories is that traits can be measured and persons can be compared on the basis of different traits. Traits can be used to explain consistency in behaviours as well as why people behave differently in a particular situation.

Psychodynamic Theories of Personality:- Psychodynamic theories of Personality are otherwise called as Psychoanalytic theories of Personality. These theories are based on the fact that personality is motivated by inner forces about which individuals have little awareness and over which they have no control. Sigmund Freud, an Austrian physician propounded the psychoanalytic theory in the early 1900s. His theory is based on two forms of observations. He studied maladaptive behaviors of his patients and also expression of humor and slips of tongue etc; He tried to explain the concept of instinct or drive which is known as urges. He argued that much of our behavior is motivated by the unconscious, a part of the personality. Freud viewed that personalities of people develop through conflict between their primary drives (sex and aggression) and social pressures ;and early childhood experiences are extremely important in the development of personality.

1.6.2. STRUCTURING PERSONALITY

Sigmund Freud, a clinical psychologist developed a comprehensive theory of Personality. He has categorized the structure of personality into two:

- a) Topographical aspects of mind
- b) Dynamic aspects of mind

Topographical aspects of mind:

Freud has divided the structure of mind into three levels:

- 1) the conscious,
- 2) the preconscious or the subconscious and
- 3) the unconscious.

The conscious mind consists of all the things of which a person is aware at any given moment. In other words, it refers to the experience or awareness of an object at the present moment. Freud compared the human mind to an iceberg and viewed that only one-tenth part of the mind deals with conscious experience.

The segment of the mind where the readily recallable is to be located is called by Freud the preconscious or subconscious. The subconscious is the storehouse of surface memories and are readily retrieved though are not conscious at the moment. The subconscious process is weak and when it gets some force from the outside, it comes to the conscious level.

Freud emphasized the unconscious mental process which is about 9/10 part of the mind. He believed that the unconscious part of the mind is the important determining factor in human behavior and personality. It is the level of mind where thoughts, feelings, memories and other information are kept that are not easily or voluntarily brought into consciousness.

Dynamic aspect of mind:

Freud in his theory of personality has described that personality consists of three separate but interacting components: the id, the ego and the superego. According to Freud, the dynamic aspects of self refer to the agents through which conflicts arising in the instincts are resolved.

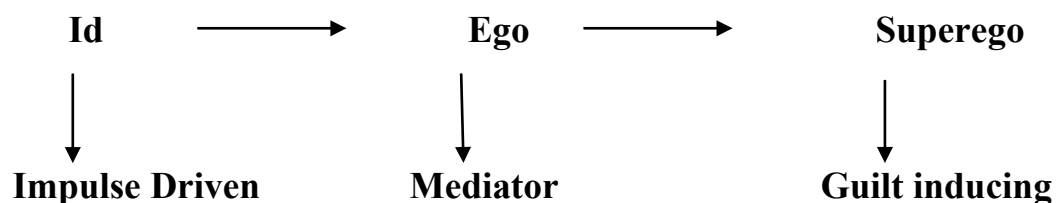
- 1) **The id:-** The primitive part of the personality is id. It is derived from the Latin word which means „it“. It is the raw, unorganized and innate part of personality. It is representative of the unconscious and the storehouse of instinctual desires. The Id is completely amoral part of the personality that exists at birth which contains all of the basic biological drives related to hunger, sex, aggression and irrational impulses. Those drives are fuelled by „Psychic energy“ which Freud termed as „the libido“. The id is guided by the pleasure principle, in which the goal is the immediate reduction of tension and the maximization of satisfaction. The pleasure principle can be stated as “if it feels good, do it”.
- 2) **The ego:-** It begins to develop soon after birth. The ego comes from the Latin word for „I“ which is mostly conscious and is far more rational, logical and cunning than the id. The ego is the „executive“ of personality. The ego maintains balance between the desire of the id and the realities of the

objective, outside world. It is guided by the reality principle. Therefore, the ego satisfied the demands of the id and reduce libido only in ways that will not lead to negative consequences. Sometimes ego decides to deny the id to satisfy its desires because the consequences would be painful.

- 3) **The superego:-** The final part of personality is called the superego. The superego is derived from the Latin word which means „over the self“. It develops in childhood as the child learns rights and wrongs of society and modeled by parents, teachers and other significant individuals. The superego is guided by the moral principle. There are two parts to the superego: the ego ideal and the conscience. The ego ideal is the sum total of all the behaviors which the child has learned about from parents and others of the society. The conscience is another part of the superego that makes people feel pride when they do the right thing and guilt, when they do the wrong thing. The superego works at both conscious and unconscious level.

The structure of personality consists of the Id, Ego and Superego which has different conscious levels and functions as enumerated below:

Structure	Conscious Level	Function
Id	Unconscious	Needs immediate gratification of desires
Ego	Predominantly conscious	Rational and Logical
Superego	Both conscious and unconscious	Idealistic and Perfectionist



According to Sigmund Freud, both the id and the superego are unrealistic. They do not consider the practical realities imposed by the society. As a result, the ego acts as a mediator between the demands of the id and the superego. When the ego is pressurized with anxiety by id and superego, it uses a number of defense mechanisms to release the anxiety and save the personality from disintegration. The use of defense mechanisms is a common phenomenon and used normally by everyone. The defense mechanisms function in the unconscious level. Sigmund Freud conceived that much of the work on development of defense mechanisms was done by his daughter, Anna Freud. According to Lynn M. Levy “Defense mechanisms are a means of distancing, transforming or falsifying a person’s reality which reduce anxiety and allow the individual to cope with whatever he/she is facing.” Defense mechanisms can be healthy or unhealthy depending on the situations and the way the person uses them.

1.6.3. TYPES OF DEFENSE MECHANISMS

There are different types of defense mechanisms which are used by different persons at different spheres. A person can use a number of different mechanisms even for a similar type of situation. All defense mechanisms do not help, some are maladaptive and can lead to total loss of individual from the reality. The defense mechanisms are classified into successful and unsuccessful defense mechanisms. These defense mechanisms are described below:

SUCCESSFUL DEFENSE MECHANISM:

(i) Sublimation :

It is considered as the most complete and successful of all defense mechanisms. It is the transformation of sexual and aggressive urges into creative work into socially acceptable directions. Thus, it is the form of channeling socially unacceptable impulses and urges into socially acceptable behaviour. For example, a person who is very aggressive becomes a professional cricket player.

UNSUCCESSFUL DEFENSE MECHANISMS:

(i) Denial :

It is a type of defense mechanism in which the person refuses to acknowledge a threatening situation. It is the most primitive form of defense mechanism. For example, a person who is a drug addict denies being a drug addict.

(ii) Regression:

It is a form of defense mechanism in which a person falls back on child like patterns of responding in reaction to stressful situation. It refers to a state where an adult behaves like a child. For example, a six year old baby starts wetting his bed after his parents bring home a new baby.

(iii) Repression:

It is a primary defense mechanism and it is a direct method of dealing with anxiety. Repression is a defense mechanism in which the person refuses to consciously remember a threatening or unacceptable event, instead putting those events in to the unconscious mind. For example, a person who was sexually abused as a child can not able to remember the incident because bad memory has got repressed inside.

(iv) Projection:

The literal meaning of projection is “throwing out”. It is commonly used by everyone. Projection is a form of defense mechanisms by which one transfers the blame of his own shortcomings, mistakes and misdeeds to others and attributes to others his own unacceptable thoughts. For example, a lady is attributed to her friend’s husband but denies this and believes the friend’s husband is attracted to her.

(v) Rationalization:

It is the invention of unconsciously acceptable motives by the ego to cover up those unconscious motives which it cannot accept. In other words, it refers to the substitution of a socially approved motive for a socially disapproved one. In this type defense mechanism a person invents acceptable excuses for a unacceptable behaviour. For example, a person who gives a lot of donation to charity may

consider himself to be a very generous but in fact he is motivated by guilty conscience.

(vi) Reaction Formation:

It is the defense mechanism by which a person forms an opposite emotional or behavioural reaction one's true feelings. Reaction formation is the development of behaviour which is opposite to the unconscious desires of the person. For example, a person is very angry but overtly he may state that he is not angry by showing smiles.

(vii) Displacement:

Displacement is commonly found in dreams of normal adults. It implies that redirecting feelings from a threatening target to a less threatening one. In this defense mechanism the discharge of an unconscious impulse by shifting from one original object to a substitute takes place. For example, a child may be angry with his mother, he may not express his anger towards his mother due to social restriction, but may do so by breaking his doll into pieces.

(viii) Identification:

It is a mechanism which is very often used by normal people. In this defense mechanism a person tries to become like someone else to deal with anxiety. For example, a student may identify himself with a bachelor professor whose qualities he may like.

(ix) Compensation:

Compensation is also called as substitution. In this defense mechanism a person makes up for inferiorities in one area by becoming superior in another area. In the process of compensation a person tries to maintain balance of his weaknesses by overemphasizing strengths in other areas. For example, a person who is not a good player, he may put all his energies to become a good academician.

Besides the above mentioned defense mechanisms there are some other mechanisms like isolation, fantasy, fixation, etc. people use to overcome their unpleasant experiences. When the ego of the individual is threatened, the various defense mechanisms are used to resolve conflict and the person would have able to

maintain a balanced personality. However, excessive use of defense mechanism is dangerous for the ego. Defense mechanisms are generally learned by the person during childhood.

1.6.4. DEVELOPING PERSONALITY: PSYCHOSEXUAL STAGES

Sigmund Freud provided with a view that personality develops through a series of five psychosexual stages. According to him failure to resolve conflicts at a particular stage can result in fixation. He proposed that experiences and difficulties during a particular childhood stage may predict specific characteristics in the adult personality.

The process of personality development of the child is divided into the following five overlapping stages:

1. Oral Stage (birth to 12-18 months)
 - a) Oral sucking
 - b) Oral biting
2. Anal Stage – (12-18 months to 03 years)
 - a) Anal Explosive
 - b) Anal Retentive
3. Phallic Stage (3 to 5 – 6 years)
4. Latency Stage (5 – 6 years to adolescence)
5. Genital Stage (Adolescence to adulthood)

In the first stage of psychosexual development the mouth is the primary site of a kind of sexual pleasure. If there is frustration at oral stage, it may result in verbal hostility. The second stage of psychosexual development which begins from 12 months and continued up to 03 years, during this period the area of getting pleasure

changes from mouth to the anus and the child gets pleasure by retaining and controlling feces and urine. The phallic stage begins at about age of 03 years. During this stage the sex energy is localised in the genital organs. In this stage the child must also negotiate the important hurdle of personality development, the oedipal conflict through the process of identification. After the resolution of oedipal conflict, the child enters in to the latency stage of psychosexual development which lasts until puberty. In this period, the sexual interest becomes dormant. The last stage is the genital stage which extends until death. At this stage the sexual instinct starts to develop with the aim of reproduction.

This theory has been criticised on the ground that it lacks scientific validity. Freud made his observations by observing few patients and developed his theory. His theory has had an impact on western culture. This theory emphasizes that personality of the individual is influenced by childhood experiences. This theory neglects the importance of healthy personalities.

The other psychodynamic theories have been advanced by Carl Jung and Adler. According to Carl Jung we have a universal collective unconscious which means a common set of ideas , feelings, images, and symbols that we inherit from our relatives, the whole human race and even nonhuman animal ancestors from the distance past. Jung proposed that collective unconscious contains archetypes, universal symbolic representations of a particular person, object or experience of good or bad. Another important contribution of Carl Jung was his interests in the concept of introversion (a turning inward) and extroversion (a lowering outward).

Alfred Adler, another neo-Freudian psychoanalyst proposed that the primary human motivation is a striving for superiority. People do not have any control over their experiences during childhood period. So they grow with a feeling of inferiority. As they grow old they try to cope with this feeling. Those people who are able to cope effectively this feeling, they become normal adults where as those fail to cope or have continuous anxiety over this, they develop inferiority complex.

However, these theories are criticised for their overemphasis on heredity factor and childhood experiences in determining behaviours.

Behaviour or Learning theories

The trait and psychodynamic approaches have focused on the “inner” person whereas the behaviour or learning approaches to personality focus on the “outer” person. According to learning theorist personality is the sum of learned responses to the external environment. Learning theorists view that personality is best understood by taking account the person’s environment. In early 1940s, Dollard and Miller developed a scientific theory and emphasized the role of learning. The main tenets of this theory are observable behaviours and processes. All of us possess certain innate needs like food, water, oxygen etc which have to be fulfilled. These needs are inherited but the way to fulfill these needs people learn to respond. The researchers remarked that any response that reduces our need is reinforced and that response is repeated to strengthen by fulfilling need in future. Thus, they learn to elicit responses to different needs.

B. F. Skinner, the learning theorist viewed that personality is a collection of learned behaviour patterns. He did certain experiments on animals and gave an idea about how personality functions. Dollard and Miller analyzed the internal processes such as; motivation, drives, etc., whereas Skinner emphasized upon observable behaviour only. Skinner is less interested in behaviour across situations than in ways of modifying behaviour. Skinner discussed about two important concepts such as: generalisation and discrimination. People learn to elicit similar responses in similar situations and learn to discriminate among responses.

Behaviour theories involve two types of conditioning : (i) Classical conditioning and (ii) operant conditioning. Classical conditioning was developed by Ivan Pavlov. It is learning a connection between two stimuli, a neutral or conditioned stimulus and unconditional stimulus. For example, if a child is ill, he associates his illness with the doctor from whom he may receive medicine. In operant conditioning, B.F Skinner suggests a kind of learning in which a person learns to associate his behaviour with the consequences of his own behaviour. For example, a child learns to respond the answer of a question in a similar manner, in which the answer has been rewarded earlier.

Social learning theory was developed by Albert Bandura and Walter Mischel. These theories of behaviour emphasize role of cognitive processes. According to Skinner internal cognitive processes such as thinking or feelings are not very important to behaviours. But social learning theories emphasize the cognitive interpretation as being important in shaping the personalities. Social

learning theory holds that children learn by observing and imitating models. Bandura's theory is based on three components : (i) the behaviour of a person, (ii) the environment in which one interacts or behaves others and (iii) to understand that a particular behaviours would achieve the goal. These three factors help in interaction in shaping behaviours. People are able to assess various situations on the basis of their experience and also their capabilities to deal with various situations.

The behavioural and social learning theories emphasized upon social factors which play an important role in developing and changing the personalities. These theories also indicate as to why certain behaviours continue and same behaviours may change from situation to situation.

Skinner's theory neglects the importance of hereditary factors. It does not take into account the internal forces. But learning theory believed that events have cognitive analysis dimensions. The behaviourist theorists were interested in modifications of behaviours. They emphasized that the interaction between cognitive factors and environmental factors result in modification of behaviour.

Humanistic Theories

A group of psychologists founded the association of Humanistic Psychology in the year 1962. They developed the theories, called as Humanistic theories, which gave importance to the growth potential of human beings. These theories are the outcome of researches on healthy persons. Humanistic approaches discussed about people's inner goodness and their tendency to grow to higher levels of functioning. These approaches are based on the assumption is that the personality of a person cannot be assessed by looking at his environment and responses he elicits to the environment. Each individual is motivated to develop and tries to develop his full potential and capabilities. Self concept of a person grows from infancy to adulthood on the basis of the accumulation of experiences. During this process the person develops his self image. All people possess the need for self-actualization. According to Roger conflict may grow between people's experiences and their self concept. In other words, Roger believed that self image is the „real self“ of the person. A person strives for an ideal. This is termed as „ideal self“. If there is a vast gap between the real self and ideal self the person became labelled as maladjusted person. Roger suggests that unconditional

positive regard provides people the opportunity to evolve and grow both cognitively and emotionally and to develop more realistic self concepts.

Another Humanistic theorist Abraham Maslow developed a need hierarchy theory of needs that motivate human behaviour. In everybody's life there is hierarchy of needs which starts from basic needs to end up to self-actualization. People strive to fulfil their basic needs and when the basic needs are satisfied, then people go for higher order needs. Maslow viewed that there are some deficiency needs and some growth needs have to fulfil.

In humanistic approach self plays an important element of human personality to understand the concept of personality. One important criticism of this theory is that self is purely subjective and vague concept. Self is an abstract term which cannot be scientifically verified and experimented. Self perception of the society is subjective and on the basis of that behaviours cannot be explained. These theorists also ignore experimental factors in shaping the behaviours of a person. Another criticism of humanistic approach is that whether unconditional positive regard does, in fact, lead to greater personality adjustment. This approach is also criticised on the ground that people are basically „good“ – that is unverifiable. In spite of these criticisms humanistic theories have been important in highlighting the uniqueness of human beings and guiding the development of a significant form of therapy to alleviate psychological problems.

1.8. COMPARISON OF PERSONALITY THEORIES

Theory	Basic Idea	Criticism	Theorists
Trait theory	Emphasizes the innate, inherited enduring dimensions known as traits determine human behaviour	Importance is given to hereditary characteristics	Gordon Allport Raymond B. Cattell
Psychoanalytic/ Psychodynamic	Past experiences influence human	Emphasizing importance of childhood	Sigmund Freud, Alfred Adler, Erik Erikson, Carl G.

Theory	behaviour	experiences	Jung
Behaviour and Learning Theories	Human behaviour directed and caused by interaction with environment and cognitive processes	Focuses on the environment	John Dollard & Neal E. Miller, Albert Bandura, B. F. Skinner
Humanistic Theories	Behaviour of the individual is a result of perception of self and fulfilment of higher order needs of self. In these theories importance is given to self growth	More abstract and not verifiable	Carl R. Rogers, Abraham Maslow

1.9. LET US SUM UP

- Psychology is defined as the scientific study of behaviour and mental processes.
- Psychology and social work are related as psychology deals with human behaviour and social work relates to the environment in which people live.
- Psychology can help a social worker in understanding the individual behaviour in a better way and to understand the purpose of behaving in a particular manner.
- Growth refers to the individual's physical changes growing up while development is concerned with qualitative changes in a person.

- The principle of development are : it is a continuous process, there are individual differences in development, development takes place according to social expectations, changes take place during development, early years of development is more critical, development is predictable, it causes hazards and happiness varies during development.
- Paul B. Baltes has discussed about six principles of development.
- A number of factors that influence development include genetic factors, the environment, culture of a society, socioeconomic status, education and training and normative factors.
- Human growth and development are influenced by biological factors. Behaviours run in families and change in biological process leads to change in behaviours, determine biological influences.
- There are various theories of personality which are classified into four groups, such as, trait theories, psychoanalytic or psychodynamic theories, behaviour or learning theories and humanistic theories.
- Trait theories are assumed that personality is a sum total of certain traits. This theory cannot be tested empirically.
- Psychoanalytic theories deal with structure and dynamic of personality.
- Psychodynamic theories are based on collective unconscious. These theories emphasize the heredity factor and childhood experiences in determining behaviour.
- Behaviour theories are based on the concept that environment plays an important role in shaping the personalities.
- Humanistic theories emphasize the human dimension of self and personality such as creativity, ability, etc.

1.10. CHECK YOUR PROGRESS

1. Citing examples explain how are psychology and social work interrelated?

2. Differentiate between concepts growth and development.
3. Explain the different principles of human development.
4. Describe the factors that influence human behaviour with examples.
5. “Biology influences human growth” – Illustrate.
6. Write the differences between trait theories and behaviour theories. What are the advantages of behaviour theories?
7. Define the term Defense Mechanisms. Explain how they help people in overcoming their anxiety.
8. Explain in detail the different defense mechanisms people use to protect themselves from their tensions.
9. Write a short note on :
 - (i) Structure of personality according to Freud
 - (ii) Humanistic theory of personality
 - (iii) Psychodynamic theory of personality
10. Perform the following activities :
 - (i) Read details of various experiments conducted by Pavlov and Skinner to build their theories and how other theories are different than behaviour theories.
 - (ii) How parents thinking is reflected in child’s development.

UNIT-II

DEVELOPMENTAL STAGES

CONTENTS

2.1. OBJECTIVES

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2.3. ERIKSON MODEL OF DEVELOPMENT

2.4. STAGES OF HUMAN DEVELOPMENT

2.5. FREUDIAN MODEL OF PSYCHOSEXUAL STAGES

2.6. PHYSICAL AND PSYCHO-SOCIAL DEVELOPMENT IN VARIOUS STAGES OF LIFE

2.7. LET US SUM UP

2.8. KEY TERMS

2.9. CHECK YOUR PROGRESS

2.1. OBJECTIVES

In this chapter students will be able to learn

- Issues involved in human development
- Different stages of development
- Various models of human development
- Physical, social and emotional aspects of development in different stages

Human development is a life long process. This development focussed on describing behaviour in order to derive age norms. Developmental psychologists tried to explain causes of behaviours, to predict behaviours and try to modify behaviour through training or therapy. There is a sequential pattern of development for each and every child. This development is different for different children. Various forms of development like physical, social and emotional aspects of development take place from infancy to old age. There are various stages of development and development occurs in different manner in these different stages. It is essential to explain some of the issues involved with development.

2.2. ISSUES IN HUMAN DEVELOPMENT

Developmental theories differ from each other on three basic issues. They are: (i) the relative importance of heredity and environment, (ii) the active or passive character of development (continuous process), and (iii) the existence of stages of development.

I. Heredity vs. Environment

Human development can be explained in terms of both heredity and environment. There is a debate among theorists that heredity is important in the development of human beings or environment influences development. It has been observed that some children are introvert while others are extrovert. The argument is that these characteristics are hereditary or environmentally determined. John Locke, a philosopher remarked that the child's mind is just like a blank state and things are written in interaction with environment and experiences. John Watson was a behaviourist who argued that it is the environment that influences development of human beings. He said, "If I get some children, I can make them what I want to make". J. J. Rousseau and Gesell were of the view that heredity influences development of individuals. It is revealed from the research studies that both heredity and environment influence human development. In Indian settings, it may be observed that children who are reared up in enriched environment behave differently than to their peer groups who raised in impoverished environment.

II. The Active or Passive character of development

There is a question that whether people are active in their own development or they are more passively shaped by external forces. Some theorists believe that human beings always try to discover and shape their own environment for their development. For example, children are curious creatures and they actively

construct their environment during their role playing games. Some other psychologists emphasize that developments of human beings are controlled by outside environment. For example, teachers and parents are blamed for not providing good environment... .. if a child does not perform well in his study.

III. Stages of Development

This issue relates to the importance of various stages of development. Development is a continuous process. Early experience of the child is more important than later experience, Therefore, if the proper experiences are not provided to the child at the right time, development process may get affected. Developmental psychologists have observed that there are critical periods of development. The impact of appropriate stimulation during that period is optimal in specific kinds of behaviour than prior or later to that period. Several studies have been conducted on animals (K. Lawrenz, 1937; Harry Harlow, 1978) and later on human beings to see whether there are critical periods on human development. It has been observed that first six months are critical period for health, emotional and social development of the child. Although some other research studies reveal the adverse experiences in early childhood can be mitigated (amended) to a certain extent in the later stage of life.

2.3. STAGES OF HUMAN DEVELOPMENT

Human development is described in terms of stages covering the period from conception to death. Each stage of development includes a time period during the life span and has its own characteristics and a specific rate of development. But people vary with respect to time and rate of development from one stage to another. Even though there is no consensus on classification of various stages of development, the human life span can be divided into eight developmental stages:

1. The prenatal period (conception to birth)

2. The stage of Infancy and Toddlerhood (birth to age 3)
3. The early childhood (3 to 6 years)
4. The middle childhood (6 to 11 years)
5. The period of Adolescence (11 years to about 20 years)
6. Young Adulthood (20 to 40 years)
7. Middle Adulthood (40 to 65 years)
8. Late Adulthood (65 years and above)

2.4. ERIKSON MODEL OF DEVELOPMENT

Erik Erikson (1902 – 1994) was a German born psychoanalyst, a pioneer in a life span perspective. Erikson viewed that ego development occurs through one's life time. Erikson's (1950, 1982) theory of psychosocial development covers eight stages across the life span. According to Erikson each stage involves a "crisis" in personality – that is important at that time and will remain an issue to some degree throughout the rest of life. In each stage there is the balancing of a positive tendency and a corresponding negative one. Initiative vs. guilt is a conflict children face between their urge to form and carry out goals. When they fail to reach their goals, they feel guilty. The sense of right and wrong morality emerges as a result of identification with the parents. Children can resolve this crisis to acquire the virtue of purpose. Erikson defines it as the courage to envisage and pursue valued goals. Children can then develop into adults who combine spontaneous enjoyment of life with a sense of responsibility. Those who can not resolve this crisis may become repressed. If initiative dominates, they must continue to believe. Erikson's last stage is ego-integrity. The virtue of this stage is wisdom.

As Erikson mentioned different stages of human development, crisis is very typical of each stage and resolution of it is a must. Resolution requires balancing a positive trait and a corresponding negative trait. Both are required for healthy development. If either of the two predominates, there will be imbalance and the conflict remains. Hence, the development of ego suffers.

TABLE: ERIKSON'S PSYCHOLOGICAL STAGES OF CHILDHOOD, ADOLSCENT AND ADULT

State/Stage	Age	Developmental Crisis	Successful Dealing with Crisis	Unsuccessful Dealing with Crisis
1	Birth to 1 year old	<i>Trust versus Mistrust</i> Babies learn to trust or mistrust others based on whether or not their needs- such as food and comfort- are met.	If babies' needs are met, they learn to trust people and expect life to be pleasant.	If babies' needs are not met, they learn not to trust.
2	1 to 3 years old	<i>Autonomy versus Shame and Doubt</i> Toddlers realize that they can direct their own behaviour.	If toddlers are successful in directing their own behaviour, they learn to be independent	If toddlers' attempts at being independent are blocked, they learn self-doubt and shame for being unsuccessful.

3	3 to 5 years old	<p><i>Initiative versus Guilt</i></p> <p>Preschoolers are challenged to control their own behaviour, such as controlling their exuberance when they are in a restaurant.</p>	If preschoolers succeed in taking responsibility, they feel capable and develop initiative	If preschoolers fail in taking responsibility, they feel irresponsible, anxious and guilty.
4	5 to 12 years old	<p><i>Industry versus Inferiority</i></p> <p>When children succeed in learning new skills and obtaining new knowledge, they develop a sense of industry, a feeling of industry, a feeling of competence arising from their work and effort.</p>	When children succeed at learning new skills, they develop a sense of industry, a feeling of competence and self-esteem arising from their work and effort.	If children fail to develop new ability, they feel incompetent, inadequate, and inferior.
5	Adolscence	<p><i>Identity versus Role</i></p>	Adolescents who succeed in defining	Adolescents who fail to define their

		Confusion Adolescents are faced with deciding who or what they want to be in terms of occupation, beliefs, attitudes, and behaviour patterns.	who they are and find a role for themselves develop a strong sense of identity.	identity become confused and withdraw, or want to inconspicuously blend in the crowd
6	Early Adulthood	Intimacy versus Isolation The task facing those in early adulthood is to be able to share who they are with another person in a close, committed relationship.	People who succeed in this task will have intimate relationships.	Adults who fail at this task will be isolated from other people and may suffer from loneliness.
7	Middle Adulthood	Generativity versus Stagnation The challenge is to be creative, productive, and	Adults who succeed in this challenge will be creative, productive, and nurturant, thereby	Adults who fail will be passive, and self-centered, feel that they have done nothing for the next generation, and

		nurturant of the next generation.	benefiting themselves, their family, community, country, and future generations.	feel that the world is no better off for their being alive.
8	Late Adulthood	Ego Integrity versus Despair The issue is whether a person will reach wisdom, spiritual tranquillity, sense of wholeness, and acceptance of his or her life.	Elderly people who succeed in addressing this issue will enjoy life and not fear death.	Elderly people who fail will feel that their life is empty and will fear death.

Source: Psychology by Saundra. K. Ciccarelli & Glenn E. Meyer (Pearson Education)

2.5. FREUDIAN MODEL OF PSYCHOSEXUAL STAGES

Sigmund Freud (1953, 1964a, 1964b) proposed that people are born with biological drives that must be redirected so as to live in society. The personality of the child is formed in childhood, as children deal with unconscious conflicts between these inborn urges and the requirements of civilized life. These conflicts occur in an unvarying sequence of five maturational based stages of psychosexual development, In different stages of development, sexual pleasure shifts from one body zone to another, i.e. from the mouth to the anus and then to the genitals.

According to Sigmund Freud there are five stages of development. Freud believed that personality is formed in first three stages which includes first few years of life, as children deal with conflicts between their biological, sexually related urges and the pressures of the society. At each stage there a change in the main source of gratification. Each stage is characterised by a typical pleasure gaining behaviour as well as a conflict due to the social pressures. These stages are named according to the source of pleasure at the particular stage. They are:

- (i) Oral Stage (birth to 18 months): It begins at birth and extended till 12 to 18 months. In this stage the mouth is the primary organ of giving pleasure . The experience of the child and mother relationship has an impact on unconscious mind of the child. This stage relates to the activities like feeding, crying, teething, biting and thumb sucking, etc.
- (ii) Anal Stage (18 months to 3 years): The child gets sensual gratification from withholdings and expelling feces during this stage. Anus is the chief source of pleasure. The child"s real experiences during this stage have an impact upon the unconscious and behaviours. Pleasure derived from body parts are the centre of the world during this stage.
- (iii) Phallic Stage (3 to 6 years): During this period the child derives pleasure from genital region. Many of the normal sexual behaviour of human personality develop in this period. The child"s sexual longing is intensified at this time. This is the stage in which conflicts related to reproductive issues are resolved.
- (iv) Latency Stage (6 to Puberty): This stage is a stage of learning skills rather than a psychosexual stage. There is no sexual development takes place during this period. This is the time of relative calm between more turbulent stages. Previous experiences, fears and conditioning have shaped many of the child"s feelings and attitudes.

- (v) Genital Stage (Puberty onwards): This the time of mature adult sexuality. In this stage many hormonal and physical changes take place. Children are engaged in sex-related thoughts and feelings. Narcissism takes place during this stage.

2.6. PHYSICAL AND PSYCHO-SOCIAL DEVELOPMENT IN VARIOUS STAGES OF LIFE

1. Infancy and Toddlerhood Stage

Developmental psychologists used the term infancy to denote the period of development that generally is from birth to two years of age. The word infant means “without language”. Infancy includes development in the areas of cognition, perception, motor activity, emotion, sociability and language. In the beginning of infancy period infants can recognise human faces and after that they can differentiate between known and unknown faces and react differently. Development on different areas take place through infancy to toddlerhood, i.e, the first three years of life.

(I) Physical development:

It refers to the changes in the body. This development is rapid during infancy. Infants increase their body weight almost triple and increase in height by about one-third during the first year alone. Not only body size and weight of the infant increase but also brain size expands rapidly during the first 18 months and brain weight of the infant reaching more than half of the adult brain due to rapid

growth of dendrites and axons within the brain and glia cells. Physical development also includes development in vision, hearing, perceptual development etc. Infants motor development takes place in a sequential order and this type of development proceeds from head towards the limbs. Infant first controls his head and trunk, then lift his chest, sit upright, crawling, creeping, stand with help, stand along with holding some objects, walking and so on. This development occurs due to improvement of skills and control of other body parts like legs, arms, etc. Gradually children develop their eye, head and hand coordination and are able to pick up things.

In the early life, infant's vision, hearing and perception are not clear and focussed. The neonate prefers to perceive brighter colours and which are nearer to him. These senses develop as the child matures from infancy to toddlerhood. The new born is well equipped with sensory functioning for life. The child is capable to turn his head toward a loud noise or clapping. Gradually he tries to locate the source of noise and he can differentiate between the voice of mother and the father and also recognizes the voices of other people. Another capacity of the infant is his ability to learn from experience. For example, the child learns to suck faster when sucking is pleasant.

Piaget noted that the sensory motor stage of cognitive development occurs during infancy. During infancy period there are development in vision, control of muscles and nervous system, start to eat and sleep on regular intervals, sit on their own and to hold objects themselves.

(II) Social and Emotional Development:

Infants at about two months old demonstrate social smiling in response to human faces. When they are four months old, they show laughter and express anger, sadness and surprise by six months. By 8 or 10 months, they actively seek

information about other people's feelings. They learn to respond when somebody calls them by their names at about age six to twelve months. They also have face to face contact. They are afraid of when their parents or care-taker leaves them. They start expressing anger if their needs are not met. Thus, social and emotional development starts during the period of infancy to toddlerhood itself. Children start expressing their feelings of trust, fear, confidence, love, etc. They express affection as a form of emotion to others as a part of social emotional development.. If a child is neglected during this period, it affects his social emotional development negatively. During this period as children are attached with their care givers, parents and other siblings, etc., so children develop separation anxiety if they are separated from them. This appears at the age of nine months.

(III) Cognitive Development

Infants express their intellect by making various sounds like gurgling, cooing, etc. They observe their own hands and feet. They gradually learn the relationship between their actions and the external world. They can manipulate various objects to produce effects. Infants seem to acquire knowledge about the world only through motor activities and sensory impressions. They try to focus their eyes on various objects and people, put everything in their mouth. Children develop ability to form mental representation during infancy. Around the end of the 9th month infants demonstrate object permanence. By babyhood stage they learn to make sounds like mama, papa, they try to copy various activities as others do. By 12 months of age many children are able to say some words which can be understood by others. During infancy children start developing language ability, learn through their sense organs and explore the world in their own ways. In this period children are dependent on others where as in toddlerhood stage, creativity and socialisation begins. In infancy period emotions are of simple type but in toddlerhood emotions are of varying types and growth is faster than other periods of life.

2. The Childhood Stage:

This stage includes two sub-stages: one is early childhood and another is late childhood. This period covers the period between the age of 3 to 11 years. Sometimes the girls at 13 years and boys at 14 years of age are considered as adolescents and till then the child is considered being in the childhood stage. During this period significant physical and psychological changes take place. But compared to infancy, growth rate is slow but stable during the childhood. In this stage, children gain 2 to 3 inches in height and 5 to 6 pounds in weight every year. They learn to walk, run, jump and play. They can gain knowledge to distinguish between what is good and what is bad. Their physical capacities increased independently, they perform tasks and meet adult expectations in several ways.

(I) Physical Development:

Early childhood stage covers the age range from 3 to 6 years. Children begin to develop athletic appearance and they lose their babyish roundness. As abdominal muscles develop, the trunk, arms and legs grow longer. Their brain and head grow rapidly than any other parts of the body.

The late childhood period extends from 6 to 11 years. This period is known as pre-adolescence. The different parts of the body become stronger during this period. Children learn to use their body parts appropriately with speed and for proper behaviours. During late childhood period some of the habits like table manners interactions with others, eating appropriately, etc. may also be modified wherever needed. In this period importance is given to physical strength of children. If a particular child is not growing physically at par with other children of his age, the child may be emotionally and socially depressed.

(II) Psycho-Social Development:

In early childhood stage children can say full sentences, express their feelings and emotions and communicate their needs and feelings and emotions and communicate their needs and feelings with others. During early childhood children have better control of their physical movement and can have better coordination of their body parts. They also learn how to cooperate with other children and conflict resolution when they are about the age of five or six years they are independent in various ways.

There are three important socio-emotional developments, such as; development of self, gender roles and moral development, take place during childhood period. Through the process of identification the child comes to know who he is and differentiates from who he wants to be. The child is aware of this process through his observation and imitation of parents and significant others. The child's personality is laid down by this identification. The child learns the socially appropriate behaviours by observing and participating in the social events. When the children are about the age of 5 to 6 years they can understand that they belong to a particular gender and also learn to behave gender roles.

When the children enter into school , their interaction changes from supervising adults to classmates. As the social environment changes the children begin to experience feelings of independency and freedom from authority through negotiation, compromise and discussion. Social identification and social comparison help them to describe themselves. For example, I am a student of DAV Public School, Chandrasekharpur, Bhubaneswar and I got more marks than Dinesh.

Parenting style plays an important role in psycho-social development of children. A balanced parenting style which is neither permissive nor authoritative is acceptable and helps in social and emotional development of children. But

children of authoritative parents are afraid of their parents and children of permissive parents are impulsive and immature. Besides parenting style peer group influence has also an impact on socialisation process of children.

During childhood period the children can able to differentiate between right and wrong. They experience feeling of guilt by doing a mistake, feel sorrow and happiness for them. These are experienced by the children due to their moral development.

(III) Cognitive Development:

The childhood period is important for cognitive development of children. Children are curious to know the answers of questions like, “why”, “Where” and “How” for everything that happens. Cognitive abilities include memory, reasoning, perception, problem solving and thinking abilities which continue to emerge throughout childhood. Jean Piaget worked on childhood cognitive development. He concluded that children are not less intelligent than adults but they simply think differently. Piaget explained that human beings acquire knowledge through interaction with the environment in which he lives in, Piaget named early childhood (2 to 7 years) as the preoperational stage of cognitive development which there is a great expansion in the use of symbolic thought, or representational ability. But they are not able to use logic. In this stage children do not need to be in sensory motor contact with an object, person or event in order to think about it. They are aware that superficial alternations do not change the nature of things and also understand the cause-effect relationship. They develop the ability to classify objects, people and events. Children can count and deal with quantities. They become more able to imagine how others might feel and aware of mental activity

and the functioning of the mind. For example, Ranu saw a pencil rolling down from behind and she looks back for the person who threw it.

According to Piaget children enter the concrete operational stage during middle childhood period which begins at about age 7 and ends at age 12 years. In this period children can use mental operations to solve actual problems and they can think more logically. They can perform many tasks at a much higher level than before. They have developed abilities to use maps and models and to communicate spatial information improve with age. They have a better understanding of cause and effect relationship, of categorisation of inductive and deductive reasoning and of conservation.

3. Adolescence

The term adolescence is derived from the Latin word *adolescere*, which means to sprout into maturity. It is the intermediate period between childhood and adulthood. This period is otherwise called as the age of teenagers. It includes three sub periods, such as: early adolescence (12 yrs -14 yrs), middle adolescence (14 yrs -17 yrs) and late adolescence (17 yrs -19 yrs). Adolescence is the developmental transition between childhood and adulthood entailing major physical, cognitive and psychological changes. During this period physical changes that occur are universal, but social and psychological changes largely depend on the cultural contexts. As this is the transitional phase of life adolescents rebel against their parents and society most often. Therefore, this period is labelled as storm and stress period.

(I) Physical Development

Sexuality and identity formation are two major challenges of the period of adolescence. During this period the most rapid physical growth occurs. There are

changes in the growth rate, sexual characteristics, and behaviour. Adolescent boys and girls develop in their height, weight, strength and development of bones, muscles, etc. Puberty and sexual maturity for both boys and girls marks the beginning of the adolescent period. Growth spurts and development of secondary sex characteristics signal about the onset of adolescence. Menstruation is the first sign of puberty for girl whereas appearance of few whiskers is the sign of puberty for boys. The approximate age for sexual maturation is 12.5 years for boys and 10.5 years for girls. Puberty begins in response to changes in the hormonal system. Sex hormones like testosterone in males and estrogen in females are secreted from the sex glands. The secretion of sex hormones help in pubertal development and also closely associated with emotions. During this period emotion like aggression is found in boys and depression is marked in girls. They try to imitate their idols. Girls are conscious about their shapes and do what their friends do while boys try to go for body building.

(II) Psycho-Social Development

During this period the physical changes in adolescents bring about a wide variety of psychological changes. Adolescents become innovative and take interest in learning various skills with great interest. They feel that no one understands them, and they often consider themselves to be „superman“. Their sense of uniqueness is expressed in the form of personal fable around them away from the world of reality. They are argumentative and they have a tendency to find fault with the authority figures. They do not able to differentiate between ideal and real. Adolescents are very self-conscious and it is expressed in the concept of imagery audiences. These imaginary audiences criticise, encourage and motivate an adolescent. Peer group influence is very important during adolescence. They want to do what their friends are doing, Adolescents abuse alcohol and drugs under peer pressure. Developmental

psychologists viewed that adolescence as a period of risk, turmoil, uncertainty and conflict, if proper care is not taken during this period children became anti-social, abusive or depressed. They also develop eating disorders if they are not getting proper love and affection from the parents. In this period if adequate atmosphere is provided to them and they get high parental support, then they can develop their abstract thinking, reasoning skills and other social behaviours. The important task of adolescents is to establish an identity independent of their parents. They do not like anyone to interfere in their opinions, trust, beliefs and decision making process. They have their own expectations and they are also very emotional during this period. Adolescents suffer from different problems like teenage pregnancy and juvenile delinquency. So, positive relationship with parents, peers, siblings and adults play an important role during adolescence period.

(III) Cognitive Development

During adolescence not only there are changes in body structures occur but also they think differently from younger children. Jean Piaget opined that adolescents enter the highest level of cognitive development, i.e. formal operational stage of cognitive development. During this period adolescents thoughts change from concrete objects to abstract events. They can think flexibly enough about the world. They accumulate knowledge through interaction and apply the learned concepts to new tasks. Teenagers develop their reasoning skills and engage in hypothetical deductive reasoning. As adolescents develop their logical thinking, they are becoming aggressive and argumentative. They are able to understand abstract concepts such as congruence and mass and they think in terms of theoretical concepts. They are conscious about others opinion regarding them and curious enough to know about spirituality, traditions and beliefs. Thus, during adolescence

people deal with problems on an abstract level, to form hypothesis and to reason from proposition that are contrary to fact.

Piaget's theory of cognitive development has been criticised on the following grounds:

- a) Piaget has given too much emphasis on physical maturation based on cognitive development.
- b) He has not included environmental factors and experiences that people accumulate during the process of growing up.
- c) He has overlooked the concept of the individual differences in his theory.

4. Adulthood Stage

An adult is someone who is responsible, mature, self-supporting and well integrated into society. Also people do not develop these attributes and characteristics at the same time and with same skills. This adult stage has three sub-stages of development. First stage is early adulthood, second stage is middle adulthood, and third stage is late adulthood.

In early adulthood period adults are at the peak of physical health, strength and energy. Sensory and motor systems are at their highest functioning. Adults gain weight and their height increases. They develop intimate relationships, they marry and begin their families. At this period of life adults take many important decisions of life like choice of career, type of friends, residence, etc. independently and accept responsibility and consequences for their own decisions. Every adult tries for recognition, job security and to excel in his job.

Middle adulthood period is explained in terms of a gradual decline in one's physical abilities, physical health, stamina etc, but the decline is gradual in nature. Both men and women feel tired easily. In this period people experience stress due

to the double responsibility of caring for the aged parents and the growing children. Women usually experience hormonal changes which results in the loss of ability to reproduce, a process called menopause. Many psychological and intellectual changes occur in middle age. During this period, women express more assertiveness and men are more nurturant. The term “late adulthood” is roughly equivalent to old age. This is the final stage of physical change.

Robert Havighurst lists major tasks in the middle years:

- Accepting and adjusting to physiological changes, such as menopause.
- Reaching and maintaining satisfaction in one’s occupation.
- Adjusting to and possibly caring for aging parents.
- Helping teenage children to become responsible adults.
- Achieving adult, social and civic responsibility.
- Relating to one’s spouse as a person.
- Developing leisure time activities.

Some people suffer from depression due to middle age crisis by thinking that some important years of their lives are over while some others try hard to achieve their goals by changing their life styles. Some people engage themselves in creative activities to get self satisfaction. Other people get worried about the future of their children and some start worrying about their post retirement activities.

(I) Physical Development

Physical growth and development is at its maximum during this period. Physical strength usually is more than previous years due to mature physical structures. strength, speed, coordination and endurance for activity is greatest during this period. A number of sensory and neural functions are optimal levels during this period. Full brain weight and mature brain wave patterns are observed

at this stage of development. Changing life style pattern has an impact on growth and development.

In the middle adulthood period (during 20s) there is a decline in our physical stamina and health. At that time physical functioning are generally perfect, but physical attractiveness declines and biological changes in the sexual life occurs. The physical changes like loss of elasticity of the skin, resulting in facial lines as well as looseness in other parts of the body are easily noticeable through external physical appearance. There is a marked change in visual activity. People suffer from presbyopia – the far sightedness associated with aging. The auditory problem is also associated with increasing age, i.e. presbycusis. It means progressive loss of hearing. In this period loss of taste, smell and sensitivity to touch also occurs. Some physiological changes like enlargement of prostate gland, less enzyme secretion in the gastrointestinal tract, diminished ability to pump blood, reduced kidney functioning, etc. take place.

(IV) Psycho-Social Development

During early years of adulthood, people face the problem of choosing, preparing for and entering into careers brings a lot of social changes in the adult. They have cordial relationships with their siblings. They spend very few times with friends because their energies are consumed for family and work. Middle adulthood people have children of adolescent age. It is very difficult to handle their problems. Conflicts occur between parents and children regarding „giving“ and „getting“ independence. Parents have to help their children in their search for identity. Middle aged adult also have important responsibilities towards their parents. In this period they also try to be satisfied at work place. People are worried about their jobs and pay packages because they have to meet the daily needs of themselves and of the family.

(V) Cognitive Development

Intellectual ability and cognitive skills are high in early adulthood. Middle adulthood people can not learn new skills. Recent research suggests that intellectual development continues into late adulthood. Intellectual development continued and that are influenced by the accumulation of the experiences of life, i.e. verbal skills, social knowledge and moral judgements. During this period people show changes in logic and morality. It is observed that creativity peaks in the early adulthood but forms of creativity that require experience, revision and interpretation either remain unchanged or increase in middle age. People utilise their cognitive skills and creativity particularly at the work place in order to get recognition. Studies revealed that intelligence declines with age, but there is no certainty that intelligence and age are related with each other.

5. Late Adulthood

The term late adulthood is rightly equivalent to old age. This is the final stage of physical change. It is difficult to consider the exact age of a person for being old. The onset of old age may vary from country to country. Although the retirement age is considered as one of the criteria of old age, it varies from job to job. For example, in India the retirement age for government organisation is 58 years while for Universities it is 62 years and in some other institutions like IIT and IIM it is 65 years. Now-a-days people beyond 70 years are considered as old. It is the period of decline where the person thinks that he has done what he wanted to do and most of his life span is over.

Today researchers used two categories to describe old age people.

- (i) The young Old: This category of older people irrespective of their actual age, are vital, vigorous and active.

- (ii) The Old Old: Those older individuals who are infirm, inactive and suffer from physical problems include in this group.

As most of older persons suffer from physical problems, they became less active. There are changes in body like wrinkles in face, rough skin, gray hairs, problems in hearing and eye sight, bones and joints problems, change in voice, etc. They may suffer from various diseases. Old people also suffer from irreversible mental problem, which is organic in nature and is called „Alzheimer“s disease.

During late adulthood period significant changes take place which are mentioned below.

(I) Physical Development

The experiences of old age are not same for everybody. Some people are worried about old age particularly those who are single or there is nobody in the family to support them economically or have continued physical ailments. It is a period in one's life span that is characterised by physical decline. There are two types of physical changes during old age. They are (a) Primary ageing and (b) Secondary ageing. Primary ageing is that in which bodily deterioration occur by the passage of time or by genetic factors which is gradual and inevitable. Secondary ageing results from disease, disuse or abuse of body which is preventable. Many structural and functional changes occur as people reach old age. Common physical changes like decrement in sensory abilities of vision, hearing, taste, smell and other senses, skin becomes inelastic, decrease in fat and muscle tissue, loss of teeth, deterioration of bone tissue, decline in height due to compression of spinal disc and postural strop etc. occur due to primary ageing. Physical changes occur due to secondary ageing are also different for different people. For example, physical

changes of diabetic people are different from persons who are suffering from arthritis. Old people are also inefficient in sensory-motor coordination. They can not respond to the physical demands of stressful situations as quickly or efficiently as possible. They are prone to accidents due to decline of reserve capacity of physical energy. Thus, ageing affects appearance, sensation and motor abilities of a person.

However, despite the problems of old age some people lead a happy life due to their positive thinking towards life and they are physically fit by doing yoga and exercises. They are developing and enjoying their hobbies and their perception of old age for relaxation help them free from different ailments.

(II) Psycho-Social Development

Many psycho-social changes happen to people during old age. The statement that old age is a period for waiting death can prove to be a myth. Commonly people believe that old age is a curse so far as physical and psychological aspects of life are concerned.

According to Erikson during late adulthood the outcome of a well integrated person is wisdom. Wisdom means accepting life as it is, accepting imperfections in self, parents and in life and having no regrets. Old people remain in a state of inward depression and dissatisfaction. These internal feelings are manifested in reaction formations for which they become over sensitive and demanding. Some old people depend on their children to a large extent.

This undue dependence makes them sad. But those people who are independent and less expectations from their children and other support system, they are happy in their old age and they engage themselves in various activities. They think that old age is the golden age because they are free from family responsibilities and burdens of job. There are many social and cultural factors

influence³ the process of successful ageing. Financial security and close relationship with children or other relatives or good friends make people healthy in old age.

Ageing is a process of growing old. The most important theory that explains the psychosocial aspects of ageing are: (i) The activity theory, and (ii) The disengagement theory.

- (i) The Activity Theory : This theory states the relationship between keeping active and ageing well. According to this theory, persons who age successfully keep themselves busy in many activities and they find substitutes for activities which they have lost due to retirement and also they perform many roles. As role decreases, ageing increases.
- (ii) The Disengagement Theory: This theory reveals that successful ageing by mutual withdrawal between society and the older person. Generally, older people voluntarily minimise their activities by retiring and also society encourages this by making individuals retire.

(III) Cognitive Development

People commonly believe that with old age intellectual decline occurs. Intellectual decline is associated with respect to certain functions such as; speed, perceptual integration ability, memory and inductive reasoning. People show variability in intellectual functioning in late adulthood period. Researchers classified intelligence into two types. They are: (1) Fluid intelligence and (2) Crystallized intelligence. Fluid intelligence declines as age increases. Fluid intelligence involves ability to perceive relations, form concepts and reason abstractly. Crystallized intelligence involves the ability to remember and use learned information. Fluid intelligence includes reasoning, memory and information,

processing capabilities, whereas crystallized intelligence is the acquired knowledge of the person. During old age people forget that may lead to dementia or Alzheimer's disease which is possible due to Fluid intelligence, because it relates to neurological functioning. On the other hand, crystallized intelligence helps in storing information. Therefore, in old age people should keep their minds active by mental exercises such as problem solving analysis and other operations etc.

2.7. LET US SUM UP

- Human development is related with physical, social, emotional and cognitive development of individuals.
- There are different issues in human development. They are: a) development relates to heredity or environment, development is a continuous process or takes place in various stages and what are the critical periods of development.
- Stages of human development have been classified in various ways by different psychologists. Erikson has classified human development in terms of psycho-social development, whereas Freud explained this based upon psychosexual stages.
- The infancy and toddlerhood period is from birth to 3 years of age which is an important age for physical, social, emotional as well as cognitive development.
- Childhood stage is from 3 years to 11 years. During this stage growth rate is slower in comparison to infancy and toddlerhood stage. In this period children develop social and language ability.
- Piaget has developed the theory of cognitive development. He has emphasized four stages of cognitive development, such as: Sensory-motor

stage, Pre-operational stage, Concrete operational and Formal operational stage.

- The adolescence period is generally from 11 years to about 20 years of age. This is the most crucial period for development. During this period children develop physically and psychologically. They want to take their own decisions independently. As they are neither considered as children nor adult, they feel that nobody understands them.
- The adulthood stage can be classified as young adulthood and middle adulthood stage. The middle adulthood stage is also known as the middle age period in which people start ageing. In young adulthood period people develop relationships and settle down with family and work.
- The late adulthood stage is also called as old age. Generally during this period people are physically weak and they may suffer from various diseases. Some people enjoy this period of life as they are free from their responsibilities.
- These stages of development depend upon the environmental factors of specific countries. For example, in India some children do not get nutritious food for which they suffer from various diseases even in their childhood.

2.8. KEY TERMS

Heredity

Adulthood

Environment

Sensory-motor Stage

Psychosocial

Pre-operational Stage

Psychosexual

Concrete-operational Stage

Oral Stage	Formal-operational Stage
Anal Stage	Growth Spurt
Phallic Stage	Primary ageing
Genital Stage	Secondary ageing
Infancy	Activity theory
Toddlerhood	Disengagement theory
Childhood	Fluid intelligence
Adolescence	Crystallised intelligence

2.9. CHECK YOUR PROGRESS

1. Describe the various issues in human development with suitable examples.
2. Differentiate between Erikson's and Freud's stages of human development.
3. Explain the physical developments of human being since infancy to old age.
4. "Old age is a golden age" – Elucidate.
5. Explain the physical, psychological and cognitive development during adolescence. "Adolescence is a period of storm and stress" – Explain.
6. Describe the middle age crisis by citing suitable examples.
7. Why infancy period is a critical period in development?

ACTIVITIES

- Keep record of old age person's management of their lives.

- Read the original works of Erikson, Freud, Piaget and other psychologists on human development.

UNIT-III

MEDICAL AND PSYCHIATRIC INFORMATION

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3.9. ROLE OF A SOCIAL WORKER

3.10. SUMMARY

3.11. KEYTERMS

3.12. CHECK YOUR PROGRESS

3.1. OBJECTIVES

After reading this chapter students will be able to understand:

- Concept of mental health and hygiene
- How to maintain good physical and mental health
- Communicable and deficiency diseases
- Role of social worker in promoting good health

3.2. HEALTH AND HYGIENE

There is an age-old saying that, "Health is Wealth." Good health is the most important asset for all living beings. Health is the level of functional or metabolic efficiency of a living organism. In humans, it is the general condition of a person's mind and body usually uneasy to be free from illness, injury or pain. The World Health Organisation (WHO) defined health in the year 1946, as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." This definition reveals that good health implies both physical and mental health. Good physical health refers to the physical state of the body which includes proper body growth and absence of diseases. The World Health Organisation reported that it is a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. "WHO stresses

the importance of mental health, it does not mean the absence of mental disorder. Both physical and mental health are important and both are interdependent. Good health means most enduring systematic activities to prevent or cure health problems and promote good health in humans are undertaken by

healthcare providers. In addition to healthcare interventions and a person's surroundings, a number of other factors are known to influence the health status of individuals including their biological factors, psychological factors as well as socio-cultural factors. These are referred to as "Determinants of Health".

The word hygiene derives from the term Hygeia which means the name of the ancient Greek goddess of healthful living. During ancient period worship of Hygeia emphasized health by living wisely with her laws. Today, Hygiene is a set of practices performed for the preservation of health and healthy living. There is a proverb that "prevention is better than cure." It is always advisable to prevent a disease than curing it. In general, hygiene refers to the practices that prevent growth of disease-causing organisms and spread of diseases. It includes a set of habits that prevent diseases spread by germs. Hygiene includes both personal hygiene and community hygiene. Personal hygiene is a system which covers aspects like proper nutrition, exercise, personal cleanliness in the house, its neighbourhood and healthy habits, lifestyles as well as relationships within the family, at the work place and in the society. Community hygiene is a system which includes public sanitation, sewage disposal, water supply, preservation of environmental cleanliness, promotion of public awareness about hygiene. In modern medical sciences there is a set of standards of hygiene recommended for different situations what is considered hygiene or not can vary between cultures, genders and certain groups. Some regular hygiene practices may be considered good habits by a society while the neglect of hygiene can be considered disgusting, disrespectful or even threatening

3.3. MAINTAINING GOOD PHYSICAL AND MENTAL HEALTH

Different people have different points of view regarding physical health and mental health. A doctor views that the proper functioning of physiological system is physical health. Good physical health depends upon a wide range of factors like biological, nutritional, educational, social, economic, and psychological. Many health problems arise due to biological factors which are hereditary in nature. It is advisable to diagnose genetic problems of people before marriage and in some cases before birth of the child.

The following points for maintaining a good physical health are as follows:

1. Regular Physical Exercise

As a matter of fact, regular physical activity or exercise helps in preventing obesity, high blood pressure, heart diseases, stroke, diabetes, some type of cancer, constipation, depression and other health threats. Moderate physical exercise should be performed at least six days per week.

2. Healthy Eating Habits

Healthy eating prevents as well as controls the diseases, such as high blood pressure, heart diseases, diabetes, osteoporosis, muscular degeneration, renal stones, dental diseases and certain type of cancers. A diet that includes plenty of vegetables, fruits and whole grains, cereals and bread is recommended in part because such diet is high in fibre. According to World Health Organisation, amount of food to be taken should not be more than 1.7 grams per day, means 5 grams of salt per day.

3. Maintaining a Healthy Weight

Obesity is a worldwide problem. Overweight and obese individuals also experience increased mortality from cancer of colon, breast and kidney. In fact the Body Mass Index should not exceed 24.9. It may be attained by adopting a healthy lifestyle in which an individual should stick to lifetime concept of weight control. It can be achieved by cutting the calories, avoiding fatty junk and fast food, over eating and doing regular physical exercise.

4. Limit T.V. Watching

Watching T.V. for a number of hours regularly is associated with increased obesity rates in children and adults, associating to various research studies. Watching T.V. reduces physical activity and increases the consumption of foods and beverages high in calories.

5. Quit Smoking

Quitting Smoking is a significant for a healthy lifestyle. In fact smoking or use of tobacco in any form increases the blood pressure which may cause strokes and

coronary artery diseases. Even avoiding the use of smokeless tobacco also prevents oral cancer upto an extent.

6.Sufficient Sleep

Sufficient sleep is also necessary for a healthy lifestyle, particularly affecting mood and mental state. Inadequate or insufficient sleep is a risk for injuries. So, sufficient and sound sleep is necessary for keeping an individual from fatigue or exertion.

7. Prevention of Injury

Prevention of various types of injuries owing to fatal accidents plays a vital role in maintaining a healthy lifestyle. Injuries can be prevented simply by taking certain precautions such as wearing seat belt, no intoxication when driving any vehicle and limiting the speed.

8. Limiting the amount of alcohol

Although the little amount of alcohol, specially red wine, may have some benefits for health but two or more than two drinks per day is usually harmful and may lead to health threats.

Mental Health is how a person thinks, feels and acts in life. It reflects on how people view themselves and their own lives. Mental health is a physical well-being or an absence of a mental disorder. It is “the psychological state of someone who is functioning at a satisfactory level of emotional and behavioural adjustment.” According to the WHO mental health includes “subjective well-being perceived self- efficacy, autonomy, competence, intergenerational, dependence and self-actualisation of one’s intellectual and emotional potential among others. Mental health affects how individuals view and as a result how they handle life’s challenges and problems. It also impacts how people explore their surrounding and make choices in their lives.

Handling stress, relating to others and decision making are all functions of mental health. Everyday there are factors to challenge one’s mental health, some can control and others are beyond their control. So , people’s live may become off

balance because of external or internal forces .No matter what the reason people can take

steps to improve their psychological or mental well-being and that of others. Therefore, it is essential to have a healthy environment in the home as well as in the society for having a healthy mental life.

The following points are for the maintenance of good mental health;

1. Build Confidence

Identify your abilities and weaknesses together, accept them build on them and do the best with what you have.

2. Accept Compliments

Many of us have difficulty accepting kindness from others but we all need to remember the positive strokes when time gets tough.

3. Make Time for Family and Friends

These relationships need to be nurtured, if taken for granted they will not be there to share life"s joys and sorrows.

4. Give and Accept Support

Friends and family relationships thrive when they are"put to test".

5. Create a Meaningful Budget

Financial problems cause stress. Over-spending on our "wants" instead of our "needs" is often the culprit.

6. Volunteer

Being involved in community gives a sense of purpose and satisfaction that paid work cannot.

7. Manage Stress

All have stressors in their lives but learning how to deal with them. when they threaten to overwhelm ,individuals will maintain their mental health.

8. Find Strength in Numbers

Sharing a problem with others who have had similar experience may help to find a solution and will make you feel less isolated.

9. Identify and deal with Mood

All need to find safe and constructive ways to express their feelings of anger, sadness, joy and fear.

10. Learn to be at peace with yourself

An individual gets to know who he/she is, what makes him/her really happy, and/ earns to balance what he/she can cannot change about himself/herself.

In an ideal situation every individual and community at large adopts the essential principles of personal(physical and mental) and community hygiene. In practice, the physical, mental health and hygiene is not universal. Therefore, steps may be taken to prevent the onset of physical and mental disorders, to avoid the adverse effects of conditions of ill health through appropriate treatment and counselling and to rehabilitate the affected patients. The affected individual may need the help of a doctor, family members, friends, counsellors, psychologists and social workers and on. Many diseases can be prevented or cured if proper care is taken up at the right time.

3.4. DISEASES

Any physical or functional change from the normal state that impairs the health of a living organism is called a disease. The malfunctioning of the body with specific symptoms is known as disease. The disease state is opposite to the state of well-being and affects the body of the living organism. Thus,disease is a state of discomfort that disturbs the normal body functioning of the organism.It is a particular abnormal, pathological condition that affects part or all of an organism.It is also often construed as a medical condition associated with specific symptoms and signs. For example, the disease of chikungunya is identified by symptoms like sudden onset of fever, crippling joint pains,lymphadenopathy and conjunctivitis.

Disease may be caused by factors originally from an external source such as infectious disease, or it may be caused by internal dysfunction, distress, social problems or death to the person afflicted or similar problems for those in contact with the person in this broader sense.

3.4.1 COMMUNICABLE DISEASES

A communicable disease is one in which the causative organism or pathogen is carried from one person to another either directly or indirectly. Communicable diseases are also called as infectious diseases. These diseases are caused by microorganisms and are transmitted from an infected person or animal to another person or animal. Some diseases are passed on by direct or indirect contact with infected persons or with their excretions. Most diseases are spread through contact or close proximity because the causative bacteria or viruses are airborne, i.e., they can be expelled from the nose and mouth of the infected person and inhaled by anyone in the vicinity. Such diseases include diphtheria, scarlet fever, measles, mumps, whooping cough, influenza and smallpox. Some infectious diseases can be spread only indirectly, usually through contaminated water or food, e.g., typhoid, cholera and dysentery. Still other infections are introduced into the body by animal or insect carriers, e.g., rabies, malaria, encephalitis, rocky mountain spotted fever etc.. The human disease carriers, i.e., the healthy persons who may be immune to the organisms they harbor are also a source of transmission. Some infective organisms require specific circumstances for their transmission, i.e., sexual contact in syphilis and gonorrhea, injury in the presence of infected soil or dirt in tetanus, infected transfusion blood or medical instruments in serum hepatitis and sometimes in malaria. In the case of AIDS, while a number of different circumstances will transmit the disease, each requires the introduction of a contaminant into the bloodstream. A disease such as tuberculosis may be transmitted in several ways by contact (human or animal) through food or eating

utensils or by air. Control of communicable diseases depends upon recognition of the many ways transmission takes place. It must include isolation or even quarantine of persons with certain diseases. Proper antiseptic should be observed in illness and in health. Immunologic measures should be utilized fully. Some sexually transmitted diseases are associated with cancer (cervicle or penile). There should be safe food and water supply and sterile blood supply, garbage and waste disposable. Animal and insect carriers must be controlled and the activities of human carriers must be limited.

3.3.2.LIST OF COMMUNICABLE DISEASES

Sl. No.	Disease	Source of Disease
1.	Acinetobacter infections	Acinetobacter baumannii
2.	Amebiasis	Entomoebahistoltyica
3.	Anthrax	Bacillus Anthracis
4.	Ascariasis	Ascaris humbricoides
5	AIDS(Acquired Immuno Deficiency Syndrome)	HIV (Human Immunodeficiency Virus)
6.	Black Piedra	Piedraia hortae
7.	Bolivian hemorrhagic fever	Machupo virus
8.	Candidiasis; Thrush	Usually candida albicans and other candida species
9.	Cholera	Vibrio cholera

10.	Chickenpox	Varicella Zostes Virus (VZV)
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3.3.3 CAUSES OF SPREAD OF COMMUNICABLE DISEASES

Germ or micro-organisms are all around us. They are present in water, air, soil, on furniture, on dirty hands etc.. All of these germs do not spread diseases. Only particular types do. Typhoid, tuberculosis and cholera are caused by bacteria and are called bacterial diseases. Diseases that are caused by viruses are called viral diseases. Flu or influenza, common cold, viral fever, small pox, polio etc., are viral diseases. Malaria and diarrhea are caused by protozoa and fungi cause diseases like ringworm.

Some of these germs that cause dangerous diseases like malaria, typhoid, jaundice, tuberculosis, etc. and they spread.

1. Through contact with an infected person

Diseases like ringworm, measles, common cold, chickenpox and tuberculosis are spread by contact with an infected person, his saliva, utensils, and clothing.

2. Through Air

We sometimes inhale disease causing germs present in the air and get infected. Common cold, measles, cough, viral fever spread in this way. These diseases are spread by sneezing, coughing and spitting.

3. Through infected food and water

Food and water get infected if they are not kept in the clean place. They can also get infected by germs carried by flies, cockroaches, rats, cats, etc or if they are handled with dirty hands. Diseases like cholera, typhoid, diarrhea, jaundice, etc. and spread by eating infected food or by drinking unclean water.

4. Through bites of insects

Insects like mosquitoes, bedbugs and flies spread diseases like malaria, dengue fever, and plague. These insects suck the blood of a person infected with the disease and become carriers of the germs. When these insects bite a healthy person, they inject these germs into the blood of a healthy person. Dengue fever and malaria are spread by mosquitoes.

5. Through wounds and cuts

Our skin protects our body. Germs of diseases like tetanus can enter a person's body through cuts or wounds in the skin.

3.3.4. MANAGEMENT OF COMMUNICABLE DISEASES

A communicable disease is an illness caused by a specific infectious agent or its toxic products. It arises through transmission of that agent or its products from an infected person, animal or inanimate reservoir to a susceptible host, either directly or indirectly. Control of disease is the reduction of disease incidence, prevalence, morbidity or mortality to a locally acceptable level as a result of deliberate efforts, continued intervention measures are required to maintain the reduction.

1. Vaccine preventable diseases

Some communicable diseases can be prevented by the use of vaccines. The word vaccine comes from the Latin word *vaccinia*, the Latin name for cowpox. The first vaccine was developed by Edward Jenner, an eighteenth century English physician and naturalist who noticed that the milkmaids who had acquired cowpox on their hands did not seem to be affected by small pox. He believed that infection with cowpox would protect against small pox, a serious, often fatal epidemic disease. It was nearly 100 years until the next vaccine was developed. Rabies developed by Louis Pasteur. In the 20th century, a number of vaccines was developed, many more are under development as a result of the biotechnology revolution. Widespread use of vaccines in children has had a dramatic impact on the occurrence of the diseases.

2. Chemoprophylaxis

Chemoprophylaxis refers to the practice of giving anti-infective drugs to prevent occurrence of disease in individuals who are likely to be exposed to an infectious disease or who might have already been infected but have not developed disease. For example, individuals travelling to areas where malaria is common can take anti-malarial drugs before arriving at their places of stay and for a few weeks after leaving and thus, protect themselves against malaria.

3. Antibiotics and resistance

Antibiotics are compounds that are produced by microorganisms that kill or inhibit the growth of other microorganisms. Those that kill bacteria are called bactericidal, those that prevent multiplication (and rely on the body's defense mechanisms to deal with the limited number of living organisms) are called bacteriostatic. Some antibiotics are effective against a limited number of microorganisms, whereas others have more widespread effect.

Because microorganisms are continually in a state of evolution, strains may evolve that are resistant to a particular antibiotic. In addition, resistance characteristics can be transferred from some microorganisms to other (this is particularly true in respect of organisms that inhabit the gastrointestinal tract).

3.5. IMMUNITY

Immunity is the state of having sufficient biological defenses to avoid infection, disease or other unwanted biological invasion. It is the capability of the body to resist harmful microbes from entering into it. Immunity involves both specific and non-specific components. The non-specific components act either as barriers or as eliminators of wide range of pathogens irrespective of antigenic specificity. Other components of the immune system adapt themselves to each new disease encountered and are able to generate pathogen – specific immunity.

3.4.1. INNATE IMMUNITY

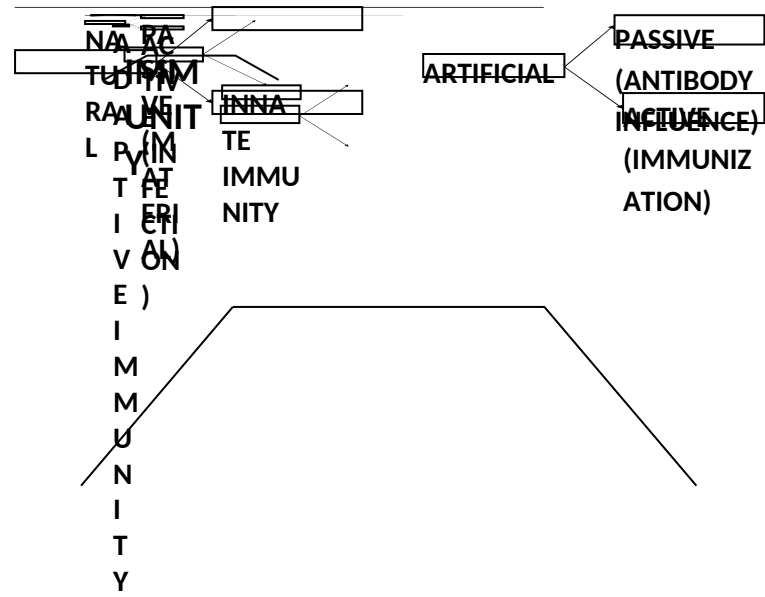
Innate immunity or nonspecific immunity is the natural resistances with which a person is born. It provides resistances through various physical, chemical, cellular approaches. Microbes first encounter the epithelial layers, physical barriers that line the skin and mucous membrane. Subsequent general defenses include secreted chemical signals (cytokines, anti-microbial substances, fever and phagocytic activity associated with the inflammatory responses. The phagocytes express cell surface receptors that can bind and respond to common molecular patterns expressed on the surface of invading microbes. Through the approaches, innate immunity can prevent the colonization, entry and spread of microbes.

3.4.2. ADAPTIVE IMMUNITY

Adaptive immunity is often sub-divided into 2 major types depending on how the immunity was introduced. Naturally acquired immunity occurs through

contact with a disease causing agent, when the contact was not deliberate whereas, artificially acquired immunity develops only through deliberate actions such as vaccination both naturally and artificially.

A further subdivision of adaptive immunity is characterized by the cells involved.



3.6. AIDS (ACQUIRED IMMUNO DEFICIENCY SYNDROME) HIV

AIDS is a new and dangerous disease spread from person to person by a virus. It is now found in most countries around the world, and it is becoming more and more common.

AIDS reduce the body's ability to fight disease. A person with AIDS can get sick very easily from many different illnesses such as diarrhea pneumonia, tuberculosis, or a serious type of skin cancer. Most of the persons with AIDS die from diseases their bodies cannot fight with. AIDS is spread when blood semen (sperm) or vaginal fluid of someone with the AIDS virus enters the body of another person. It can be spread through

- Sex with someone who has AIDS virus.
- Using the same needle or syringe (or any other instrument without sterilizing it).
- An infected mother to her unborn child.
- Transplantation of any infected organ of a person.
- Artificial insemination with infected semen.

A person can get AIDS from someone who looks completely healthy. Often it takes months or years after the AIDS virus enters the body for the first signs to appear but the person can still spread AIDS to others by sex or sharing needles. AIDS is not spread through everyday contact such as shaking hands, living, playing or eating with others. Also it is not spread by food, water, insects,

toilet seats or communication cups. The signs of AIDS is different in different persons. If a combination of these 3 signs appear and the person gets sick, then he or she may have AIDS (but you cannot be sure without a special test).

- Gradual weight loss
- Diarrhoea
- Fever for more than a month

The person may also have other signs like :

- A bad cough that last for a month or more.
- Yeast infection in the mouth.
- Swollen lymph nodes, anywhere in the body.
- Skin rashes.
- Feeling tired all the time.
- Warts or sores that keep growing all around the genital area, buttocks.

Prevention of AIDS

- Have sex with only one faithful partner.
- Use a condom, using a condom reduces the risk of getting AIDS.
- Treat sexually transmitted diseases as early as possible.
- Do not have an injection till you know that the instruments are sterilized first.
- Make sure that the instruments for circumcision ear piercing, acupuncture and traditional practices such as scarring are boiled.
- Always be kind to a person with AIDS.

3.7. DEFICIENCY DISEASE

The non-communicable diseases are not caused by germs. They are specific to a particular person. Non-communicable diseases can be classified under three heads; such as (a) hereditary diseases, (b) deficiency diseases and (c) life style diseases.

Diseases that are caused by the lack of some particular nutrients in a person's diet are called deficiency diseases. The nutrients may be minerals, proteins, carbohydrates or different types of vitamins. Some common deficiency diseases are discussed below :

1. Night blindness

A child having this disease is unable to see properly in the dark. His eyes become dull and listless and the skin become dry. If not treated in time, the child may become blind.

Cause : This disease is caused due to the deficiency of Vitamin-A in the diet.

Treatment : The patient suffering from this disease is treated with diet rich in vitamin-A like carrots, fish, fruits, milk and butter.

2. Beri Beri

This is basically a disorder of the nerve. It affects the health of eyes and skin, growth of body, formation of muscles and blood. There may be also stomach and intestinal disturbances.

Cause : This disease is caused due to the deficiency of Vitamin-B.

Treatment : The patient suffering from this disease is treated with diet rich in Vitamin-B like milk, meat, cereals, eggs, supplemented by daily intake of the vitamins as per medical advice.

3. Scurvy

People suffering from scurvy have swollen and bleeding gums. They lose weight and become weak. Their teeth start shaking and become loose.

Cause : This disease is caused due to the deficiency of Vitamin-C.

Treatment : The patient of this disease is prescribed with diet rich in Vitamin-C like orange and other citrus fruits, cabbage and goose berries.

4. Rickets

In this disease, the bones of the legs become thin, deformed and curved (bow-legged). The bones of the child become weak and soft.

Cause : This disease is caused due to the deficiency of Vitamin-D.

Treatment : The patient suffering from Rickets is treated with diet rich in Vitamin-D like milk, fish and meat.

5. Anaemia

In this disease, the level of haemoglobin becomes low, gets tired very easily and feels weak. The skin becomes pale . The lips and nails become dull and colourless.

Cause : This disease is caused due to the deficiency of iron.

Treatment : This disease is treated with diets rich in iron like green leafy vegetables, meat, dry fruits and apples.

6. Goitre

In this disease there is swelling around the neck region of a person.

Cause : This disease is caused due to the deficiency of iodine.

Treatment : The patient suffering from this disease is prescribed to use iodized salt in his/her diet.

7. Mal-nutrition

In this disease, the person looks weak, thin, gets tired easily, may also lead to swelling of feet and hands, hair becomes thin due to lack of proper growth.

Cause : This disease is caused due to deficiency of proteins and carbohydrates.

Treatment : The patient suffering from this disease is prescribed diet rich in proteins and carbohydrates like milk, cereals, sugars, meat and eggs.

8. Potassium deficiency diseases

People suffering from this disease have muscle weakness of paralysis, cramping legs, irregular heartbeat, retarded bone growth, slow reflexes, dry skin and mood changes.

Cause : This disease is caused due to deficiency of potassium.

Treatment : The patient of this disease is advised to take diet rich in potassium like bananas, broccoli, potatoes with skins, leafy green vegetables citrus fruits, dried fruits, dates, beans, peas and peanuts. As overdose of potassium could lead to kidney problems, so medical advice is needed.

9. Osteoporosis

The symptom of this disease is brittle bones.

Cause : This disease is caused due to deficiency of calcium.

Treatment : The patient of this disease is prescribed diet rich with calcium like dairy foods, calcium fortified products like soya milk and breakfast cereals and calcium supplements.

3.8. LIFESTYLE DISEASES

Lifestyle diseases (also sometimes called diseases of longevity or diseases of civilization interchangeability) are diseases that appear to increase in frequency as countries become more-industrialized and people live longer. They can include Alzheimer's disease, arthritis, asthma, atherosclerosis, some kinds of cancer, chronic liver disease or cirrhosis, chronic obstructive pulmonary diseases, type-2 diabetes, heart diseases, metabolic syndrome, chronic renal failure, osteoporosis, stroke, depression and obesity. Some commentators mention a distinction between diseases of longevity and diseases of civilization. Certain diseases such as diabetes, dental carries or asthma appear at greater rates in young population living in the "western" way, their increased incidence is not related to age, so the terms cannot accurately be used interchangeably for all diseases.

Life style diseases occur because of the defective life style followed by the individuals. These diseases occur due to unhealthy life pattern such as :

1. Lack of adequate sleep.
2. Consumption of more junk food.
3. Habits of using drugs, alcohol, etc.
4. Lack of exercise.
5. Sedentary work.
6. Lack of adequate walking.

3.9. ROLE OF A SOCIAL WORKER

Most of us have a pretty good idea of what we expect from a doctor or a teacher. For social work, the role expectations are not quite as already understood by the general public. Perhaps this is because there are so many professional roles in social work.

The number and diversity of social work roles provide opportunity for a great deal of creativity in practice.

M. Cressey Wells (2003)

Some of the professional roles in a social worker are as follows :

1. Broker :

The social worker is involved in the process of making referrals to link a family or person to needed resources. Social work professionals do not simply provide information. They also follow up to be sure the needed resources are attained.

2. Advocate :

In this role, social workers fight for the rights of others and work to obtain needed resources by convincing others of the legitimate needs and rights of members of society. Social workers are particularly concerned for those who are vulnerable or are unable to speak up for themselves. Advocacy can occur on the local country, state or national level.

3. Case Manager

Case managers are involved in locating services and assisting their clients to access those services. Case management is especially important for complex situations and for those who are homeless or elderly.

4. Educator

Social workers are often involved in teaching people about resources and how to develop particular skills such as budgeting, the caring discipline of the children, effective communication, the meaning of medical diagnosis and the prevention of violence.

5. Organizer

Social workers are involved in many levels of community organization and action including economic development, union organization and research and policy specialists.

3.10. SUMMARY

- Health and hygiene promote good health in humans which are undertaken by healthcare providers.
- The proper functioning of physiological system is called physical health whereas mental health is how the person thinks, feels and lives.

- Diseases are medical conditions associated with specific symptoms and signs. Diseases not only affect people physically but also emotionally.
- Illness caused by some microorganisms and transmitted from one infected person or animal to another infected person or animal directly or indirectly. Most of the diseases are spread due to close proximity.
- Control of a disease is the reduction of disease incidence prevalence, morbidity or mortality to a locally accepted level.
- Immunity is the capability of the body to resist harmful microbes from entering into it. There are two types of immunity, i.e., (i) Innate immunity and (ii) Adaptive immunity.
- AIDS reduces the body's activity to fight diseases. AIDS does not spread through everyday contact.
- Diseases that are caused by the lack of some particular nutrients in a person's diet is called Deficiency Diseases. When there is a lack of different Vitamins like A, B, C, D and iron.
- Lifestyle diseases or diseases of longevity are diseases that appear to increase in frequency as countries become more. Lifestyle diseases are mostly seen in youngsters living in the "western" way.
- The professional roles in a social worker are brokers, advocates, case managers, educators and organizers.

3.11. KEY TERMS

Health, Hygiene, Communicable Diseases, Chemoprophylaxis, Antibiotics, Immunity, Innate Immunity, Adaptive Immunity, AIDS, Deficiency Diseases, Lifestyle Diseases, Broker, Advocate, Case Manager, Educator, Organizer

3.12. CHECK YOUR PROGRESS

- Q.1 What do you mean by health and hygiene?
- Q.2 How can we maintain a good physical and mental health?
- Q.3 Define disease? Discuss different types of lifestyle diseases.
- Q.4 What are communicable diseases? How do they spread?
- Q.5 What are the preventive measures to curb communicable diseases?
- Q.6 What do you mean by immunity? Explain the two types of immunities?
- Q.7 What do you mean by AIDS? What are the preventive measures to be taken?
- Q.8 What is Deficiency Disease? Name some of them.
- Q.9 Explain the role of social workers?

UNIT-IV

CONCEPT OF NORMALITY AND ABNORMALITY

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4.13. CHECK YOUR PROGRESS

4.1. OBJECTIVES

After learning this chapter the learners will be able to understand:

- The concept of normal vs. abnormal.
- The difference between Neurosis and Psychosis disorder.
- Types of Neurosis and Psychotic disorder.
- Causes, symptoms and treatment of different mental disorders.
- Understand the concepts of psychopathic disorders
- Different types of psychopathic disorders
- Various symptoms, causes and treatment of psychopathic disorders
- Learn the concept of mental retardation, different types of mental retardation and their causes
- Know how to deal with mentally retarded children.

4.2. NORMAL VS. ABNORMAL (Concept)

Thinking about normal versus abnormal is different for everyone. Being normal is not how a person looks or is formed, but their actions as a person. A person who leads a common day-to-day life, with no inconsistencies would be of normal behavior. Now, on the other hand, someone who is abnormal leads an outgoing, odd and not of common day-to-day life. When a person does something out of the

ordinary things is called abnormal. Being abnormal can be a talent or how someone views certain things. Like artists are considered abnormal as they see things in a different angle than others may. An abnormal picture may be viewed as disturbing to people who do not think outside of the box, but to an abnormal person, the picture is normal. Therefore, it is rightly told, “beauty lies in the eyes of the beholder”.

There is also a thing known as “bad abnormal versus good”. A bad abnormal could be someone who is a serial killer and gets a high position when killing his victims. This behavior is not normal and shows abnormal behaviour. When a judge punishes a person who kills his fellowman, the same judge rewards a soldier when kills an antisocial person.

Until recent times everyone considered mental abnormality as uncommon and terrible. If we examine the life records of the thousands of individuals taken at random from the general population, we will find a great majority have common characteristics. Those who possess the characteristics of sociability, balanced or matured personality, fulfillment of needs and goals, healthy both physically and mentally, emotional stability, secured, integrated personality, adjustment and regular life, are labelled as normal persons.

Abnormal means who deviates from the normal. It means deviation from some clearly defined norm in an unhealthy direction. For example, an honest person in a dishonest society would be abnormal. Page (1976) views that the abnormal group consists of individuals marked by limited intelligence, emotional instability, personality disorganization and character defects. According to J.F. Brown (1940) “ Abnormal psychological phenomenon are simple exaggerations of the normal psychological phenomena ” . Coleman (1981) remarks that deviant

behaviours are considered as maladaptive, because they are not only harmful to the society, but to the individual too. These abnormal people are usually categorised under psychoneurotic, psychotic, mentally defective and anti-social.

The other criteria of distinction between normal and abnormal are : a) Statistical and b) Pathological criteria. According to statistical criterion, abnormality and superiority merely represent quantitative deviations from the normal. But in pathological criterion, abnormals and superiors merely differ from normals in qualitative rather than quantitative manner.

The normals, abnormals and supernormals are different kind of people. According to this view one kind can never join the other kind. An abnormal person can never be normal in future. But modern clinical psychologists discard this concept that normals, abnormals and supernormals are of one group of people. They differ in degree but not in kind. The insane, criminals and mentally deficient are considered to form a special group below the normal group, just as the gifted are considered to constitute a special group above the normal. Thus, according to qualitative concept, the insane and genius have no similarity with the normal people in any respect. To show the difference between abnormal, normal and the superior, each group has been described as a separate entity. There can not be any sharp division between normality and abnormality, because it does not exist in reality at all. However, it can be told that normal people adjust more successfully with their surrounding than do the abnormals. According to this view, if someone's behaviour is not appropriate to the norm and social standard of the particular society, then he can be called abnormal.

4.3. MENTAL DISORDER

A mental disorder, also called a mental illness or psychiatric disorder is a mental or behavioural pattern or anomaly that causes either suffering or an impaired ability to function in ordinary life and which is not developmentally or socially normative. Mental disorders are generally defined by a combination of how a person feels, acts, thinks and perceives. This may be associated with particular regions or functions of the brain or rest of the nervous system, often in a social context. Mental disorder is one aspect of mental health. The scientific study of mental disorders is called psychopathology.

Psychotherapy and psychiatric medication are the two major treatment options, as are social interventions, peer support and self-help. Stigma and discrimination can add to the suffering and disability associated with mental disorders leading to various social movements attempting to increase understanding and challenge social exclusion. Mental disorders are related to health problems. Prevention is now appearing in some health strategies.

4.2.1. LIST OF MENTAL DISORDER

1. Adjustment disorder
2. Adolescent antisocial behavior
3. Agoraphobia
4. Alcohol dependence
5. Alzheimer's disease
6. Benzodiazepine dependence
7. Bibliomania
8. Binge eating disorder
9. Caffeine-related disorders
10. Claustrophobia
11. Childhood anaemia

12. Catatonic disorders
13. Catatonic schizophrenia
14. Childhood anti-social behaviours
15. Cannabis dependence.

4.2.2. SYMPTOMS OF MENTAL DISORDER

There are specific symptoms associated with common mental health disorders. These lists are very brief – there are many and varied symptoms that can occur depending on the disorder someone is experiencing and the severity of the illness.

1. Depression

Clinical depression lasts for at least two weeks and affects a person's emotions, thinking, behavior and physical well-being.

Symptoms :

Emotional : Sadness, anxiety, guilt, anger, mood change, lack of emotional responsiveness, helplessness, hopelessness.

Psychological : Frequent self-criticism, self-blame, pessimism, impaired memory, negative thoughts, thoughts of death and suicide, indecisiveness, and confusion.

Behavioural : Crying spells, withdrawal from others, worrying, neglect of responsibilities, drug or alcohol use and loss of motivation.

Physical : Chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, loss of sexual desire.

2. Anxiety :

An anxiety disorder differs from a normal stress and anxiety. It is more severe and long-lasting and interferes with work and relationships. Anxiety disorder include generalized anxiety, panic disorder, social phobia, post-traumatic stress disorder and obsessive compulsive disorder.

Symptoms :

1. Physical : Heart palpitations, chest pain, rapid heartbeat, flushing, hyperventilation, shortness of breath, dizziness, headache, sweating, choking, dry mouth, nausea, vomiting, diarrhea, muscle aches, restlessness, tremors / shaking.
2. Psychological : Unrealistic or excessive fear and worry, mind racing or going blank, decrease concentration and memory, irritability, impatience, anger, confusion, restlessness or feeling “on edge” or nervousness, tiredness, sleep disturbance, vivid dreams.
3. Behavioural : Avoidance of situation, obsessive or compulsive behavior, distress in social situation, phobic behavior.

3. Bi-Polar Disorder :

It is characterized by extreme mood swings. A person with Bi-polar disorder may have periods of depression, mania and normal mood but must have episodes of both depression and mania to be diagnosed as having bi-polar disorder.

Symptoms :

1. Depressive Symptoms :

Sadness, anxiety, guilt, lack of emotional responsiveness, helplessness, hopelessness, self-criticism, self-blame, pessimism, impaired memory, crying spells, withdrawal from others, loss of sexual desire, constipation, weight loss or gain, lack of energy, fatigue, loss of motivation, overeating or loss of appetite.

2. Manic symptoms :

Increased energy and over-activity elated moods, needing less sleep than usual, rapid thinking and speech, lack of inhibitions and lack of insight.

PSYCHOTIC DISORDERS

Psychosis is a mental disorder in which a person has lost some contact with reality. There may be severe disturbances in thinking, emotions, or behavior.

Psychotic disorders are not as common as depression and anxiety disorders, affecting just over 1% of the population. Psychotic disorders include schizophrenia, psychotic mania, psychotic depression and drug-induced psychosis.

Symptoms :

1. Change in emotion and motivation

Depression, anxiety, irritability change in appetite, suspiciousness, blunted, flat or inappropriate emotion, reduced energy and motivation.

2. Changes in thinking and perception

Difficulties with concentration or attention, sense of alteration of self, others or the outside world, strange ideas, unusual perceptual experiences, delusions, hallucinations.

3. Change in behavior

Sleep disturbances, social isolation or withdrawal, reduced ability to carry out work or other roles.

4.2.3. CAUSES OF MENTAL DISORDER

Biological factors

Biological factors consists of anything physical that can cause adverse effects on a person's mental health. These include genetics, parental damage, infections and exposure to toxins.

Genetics

Family linkage and twin studies have indicated that genetic factors often play an important role in the development of mental disorders. The heritability of behavioural traits associated with mental disorder may be greater in permissive than in restrictive environments and susceptibility genes probably work through both "within the skin" pathways and "outside the skin" pathways. Research has shown that many conditions are polygenic meaning there are multiple defective genes rather than only one that are responsible for a disorder. Schizophrenia and Alzheimers" are both examples of hereditary mental disorders.

Parental damage

Any damage that occurs to a fetus while still in its mother's womb is considered parental damage. If the pregnant mother uses drugs or alcohol or is exposed to illness or infections then mental disorders can develop in the fetus.

Environmental events surrounding pregnancy and birth have been linked to an increased development of mental illness in the offspring. This includes maternal exposure to serious psychological stress or trauma, conditions of famine, birth complications, infections and gestational exposure to alcohol or cocaine.

Infection, disease and toxins

A number of psychiatric disorders have often been tentatively linked with microbial pathogens, particularly viruses. However, while there have been some suggestions of links from animal studies, and some inconsistent evidence for infections and immune mechanisms in some human disorders.

The current research on Lyme's disease caused by a deer tick, and related toxins, is expanding the link between bacterial infections and mental illness.

Life experience and environmental factors

1. Life events emotional stress

It is reported that treatment in childhood and in adulthood including sexual abuse, physical abuse, emotional abuse, domestic violence and bullying have been linked to the development of mental disorder through a complex interaction of social family, psychological and biological factors.

2. Poverty

Studies show that there is a direct contact between poverty and mental illness. The lower the socio-economic status of an individual the higher is the risk of mental illness. Impoverished people are likely to develop mental illness. A person's socio-economic class outcomes the psychosocial, environmental behavioural and biomedical risk factors that are associated with mental health.

3. Poor parenting, abuse and neglect

Poor parenting has been found to be a risk factor for depression and anxiety. Separation in families, and childhood trauma have been found to be risk factors for psychosis and schizophrenia.

Neglect is a type of maltreatment related to the failure to provide needed, age appropriate care, supervision and protections. Neglect mostly happens during childhood by the parents and caretakers. Abuse can be defined as any action that intentionally harms or injures another person.

4.2.4.TREATMENT OF MENTAL DISORDER

Psychiatric medication is also widely used to treat mental disorders. These are licensed psychoactive drugs usually prescribed by a psychiatrist or family doctor. Antidepressants are used for the treatment of clinical depression as well as often for anxiety and other disorders. Antipsychotics are used for psychotic disorders notably in schizophrenia. However, they are also used in smaller doses to treat anxiety. Stimulants are commonly used to treat ADHD.

1. Antipsychotics

In addition of a typical antipsychotics in cases of inadequate response to antidepressant therapy is an increasingly popular strategy that is well supported by the literature. Aripiprazole was the first drug approved by the US Food and Drug Administration for adjunctive treatment of MDD in adults with inadequate response to antidepressant therapy in the current episode.

Atypical antipsychotics, such as clozapine block both the D2 Dopamine receptors as well as 5HT_{2A} serotonin receptors. The most severe side effect of antipsychotics is agranulocytosis, a depression of white blood cell count with unknown cause, and some patients may also experience photosensitivity.

2. Antidepressants

Early antidepressants were discovered through research on treating tuberculosis and yielded the class of antidepressants known as monoamine oxidase inhibitors (MAOI). Later research on this class of antidepressants focused mostly on the effects of norepinephrine. These drugs share many similarities with the tricyclic antidepressants but are more selective in their action.

4.2.5. CLASSIFICATION OF MENTAL DISORDER

There are two widely established systems that classify mental disorder. These are as follows :

A) American Psychological Association has classified mental disorders into ten categories which

1. Mental and behavioural disorder.
2. The diagnostic and statistical manual of mental disorders.
3. Mood disorder : It involves unusually intense and sustained sadness melancholia, or despair is known as major depression (also known as unipolar or clinical depression).
4. Bi-polar disorder (also known as manic depression: It involves abnormally high or pressured mood states known as mania or hypomania).
5. Psychotic disorders : This includes schizophrenia and delusional disorders.

Personality disorders are listed such as paranoid, schizoid and schizotypal personality disorders. The personality disorders in general are defined as emerging in childhood, or at least by adolescence or early adulthood.

Eating disorders involve disproportionate concern in matters of food and weight. Categories of disorders in this area may include anorexia nervosa, bulimia nervosa, exercise bulimia or binge eating disorders.

Sleeping Disorder: such as insomnia involve disruption to normal sleep patterns, or a feeling of tiredness despite sleep appearing normal.

Sexual and Gender Identity Disorder : may be diagnosed including dyspareunia, gender identity disorder and ego-dystonic homosexuality.

Factitious Disorders : such as Munchausen syndrome, are diagnosed where symptoms are thought to be experienced (deliberately produced or feigned) for personal gain. There are a number of uncommon psychiatric syndromes, which are often named after the person who first described them such as Capgras, Syndrome, De Clerambault Syndrome, Othello Syndrome, Ganser Syndrome, Cotard Delusion and Ekbom Syndrome and additional disorders such as Couvade syndrome and Gershwind syndrome.

4.4. PSYCHOSIS- NEUROSIS

Psychosis

Psychosis refers to an abnormal condition of the mind, and is a generic psychiatric term for a mental state often described as involving “a loss of contact with reality”. People with psychosis are described as psychotic. Depending upon its severity, this may be accompanied by unusual or bizarre behaviour, as well as difficulty with social interaction in carrying out daily activities.

The term “psychosis” is very broad and can mean anything from relatively normal aberrant experiences through to the complex and catatonic expressions of schizophrenia and bipolar type one disorder.

Many antipsychotic drugs accordingly target the dopamine system, however, meta-analysis of placebo-controlled trials of these drugs show either no significant difference in effects between drug and placebo, or a moderate effect size suggesting that an overactive dopamine system.

4.3.1. SYMPTOMS OF PSYCHOSIS

People with psychosis, normally have one or more of the following : hallucinations, delusions, catatonia, or a thought disorder, impairments in social cognition.

1. Hallucinations :

It is defined as sensory perception in the absence of external stimuli. Hallucinations are different from illusions, or perceptual distortions, which are the misperception of external stimuli. Hallucinations may occur in any of the senses and take on almost any form, which may include simple sensations to experience.

2. Delusions:

Psychosis may involve delusional beliefs, some of which are paranoid in nature. Delusions are false beliefs that a person holds on to, without adequate evidence to the contrary. Common themes of delusions are persecutory, grandiose etc.

3. Catatonia:

It describes a profoundly agitated state in which the experience of reality is generally considered impaired. There are two primary manifestations of catatonic behaviours. The classic presentation is a person who does not move or interact with the world in any way while awake.

4. Thought disorders :

It describes an underlying disturbance to conscious thought and is classified largely by its effects on speech and writing. Affected persons show loosening of associations, that is disconnection and disorganization of the semantic content of speech and writing. In the severe form of speech becomes incomprehensible and it is known as “word salad”.

4.3.2. CAUSES OF PSYCHOSIS

1. Psychiatric disorder :

Psychiatric disorder from a diagnostic standpoint, organic disorders were those believed to be caused by physical illness affecting the brain, while disorders (functional were considered disorders of the functioning of the mind in the absence of physical disorders).

2. Psycho-active Drugs :

Various psycho-active substances (both legal and illegal) have been implicated in causing exacerbating and/ or precipitating psychotic states and / or disorders in users. This may be upon intoxication, for a more prolonged period after use, or upon withdrawal. Drugs that can induce psychotic symptoms include cannabis, cocaine, amphetamines, cathinones, psychedelic drugs and NMDA receptor antagonists.

3. Alcohol :

Approximately three percent of people who are suffering from alcoholism experience psychosis during acute intoxication or withdrawal. Alcohol related psychosis may manifest itself through a kindling mechanism. The effects of an alcohol-related psychosis include an increased risk of depression and suicide as well as causing psychosocial impairments.

4. Cannabis :

According to some studies, the more often cannabis is used the more likely a person is to develop a psychotic illness, with frequent use being correlated with twice the risk of psychosis and schizophrenia.

Cannabis use has increased dramatically over the past few decades whereas the rate of psychosis has not increased. Together, these findings suggest that cannabis use may hasten the onset of psychosis in those who may already be predisposed to psychosis.

5. Methamphetamine :

Methamphetamine includes a psychosis in 26-46% of heavy users. Some of these people develop a long lasting psychosis that can persist for longer than 6 months. Individuals who have long history of methamphetamine abuse have experienced psychosis in the past from methamphetamine abuse are highly likely to rapidly relapse back into a methamphetamine psychosis within a week or so.

4.3.3. TREATMENT OF PSYCHOSIS

The treatment of psychosis depends upon the specific diagnosis. The first line psychiatric treatment for many psychotic disorders is antipsychotic medication which can reduce the positive symptoms of psychosis in about 7 to 14 days.

Clozapine is an effective treatment for those who respond poorly to other drugs. Most people on antipsychotics get side effects. People on typical antipsychotics tend to have a higher rate of extra-pyramidal side effects while some other atypical are associated with considerable weight gain, diabetes and risk of metabolic syndrome.

4.5. NEUROSIS

Neurosis is a class of functional mental disorder involving distress but neither delusions nor hallucinations. Neurotic behaviour is typically within socially acceptable norms. Neurosis may also be called psychoneurosis and neurotic disorder. Those suffering from it are said to be neurotic.

4.4.1. SYMPTOMS OF NEUROSIS

Excessive anxiety and fear are common symptoms of / and / or underlie many disorders that are considered a neurosis or neurotic disorder. Other common symptoms include complaints of physical symptoms that do not appear to have a medical cause. These may include palpitation, rapid heart rate, hyperventilation, muscle pain, abdominal pain, headache, numbness and tingling.

Symptoms of disorders that are considered a neurosis or neurotic disorder generally are severe enough to result in difficulties with interpersonal relationships. They can also result in such symptoms as low self esteem, anger, irritability, obsessive thoughts, obsessive behaviours dependency and perfectionism.

4.4.2. CAUSES OF NEUROSIS

In 1996, a specific human gene and its corresponding alleles were linked to neuroticism. The identified gene and its allele pair help to control the amount of serotonin (a central nervous system neuro-transmitters) released into the body through the production of a protein known as a transporter. The transporter protein, which helps to carry the serotonin across the synaptic space (the gap between nerve cells) to stimulate nerve cells, also assist the cell In reabsorbing the serotonin (a process known as reuptake).

4.4.3. TREATMENT OF NEUROSIS

Neurosis should be treated by a counselor, therapist, psychologist, psychiatrist, or other mental healthcare professional. Treatment for a neurotic disorder depends on the presenting symptoms and the level of discomfort they are causing the patient. Modes of treatment are similar to that of other mental disorders, and can include psychotherapy, cognitive-behavioural therapy, creative therapies (art or music therapy), psychoactive drugs, and relaxation exercises.

Difference between psychosis and neurosis

Psychosis is a generic psychiatric term for a mental state involving the loss of contact with reality, causing the deterioration of normal social functioning. The word was first used by Ernst Von Reuchtersleben as an alternative for the term “insanity” and “mania” and is derived from the Greek psyche (mind) and –osis (diseased or abnormal condition). The 3 primary causes of psychosis is “functional” (mental illness such as schizophrenia and bi-polar disorder) “organic” (stemming from medical, non-psychological conditions such as brain tumour or sleep deprivations) and “psychoactive drugs” (e.g., barbiturates and hallucinogens).

A psychotic episode may involve hallucination, delusion, paranoia or disordered thinking. Psychosis is not necessarily permanent. It is treated by the anti-psychotic medications, psychotherapy and in extreme cases periods of hospitalization.

Neurosis

Neurosis on the other hand, is a general term referring to mental distress that, unlike psychosis, does not prevent rational thought or daily functioning. This term is coined by William Cullen in the 18th century, has fallen out of favour along with the psychological school of thought called psychoanalysis, founded by Sigmund Freud.

The DSM no longer list “neurosis” as a category of mental illness, but disorders associated with the term have included obsessive-compulsive disorders, chronic anxiety, phobias and pyromania.

While the Greek roots, neuron meaning “nerve” and “osis” meaning “disease” implies disorder, neuroses affects most of us in some mild form or other. Neurosis is commonly treated, rather controversially, by psychoanalysis or other psychotherapy, despite the debate over whether or not counselors of this sort are qualified to accurately diagnosis and treat what is defined as a disorder of the nervous system.

Anxiety Neurosis

Anxiety neurosis are a group of mental disorders characterized by feelings of anxiety and fear, where anxiety is a worry about future events and fear is a reaction to current events. These feelings may cause physical symptoms, such as a racing heart and shakiness. There are various forms of anxiety neurosis, including generalized anxiety disorder, phobic disorder, panic disorder. Anxiety neuroses are partly genetic but may also be due to drug use including alcohol and caffeine, as well as withdrawal from certain drugs. They often occur with other mental disorders particularly, major depressive disorder, bi-polar disorder, certain personality disorders and eating disorders. The term anxiety covers four aspects of

experiences that an individual may have mental apprehension, physical tension, physical symptoms and dissociative anxieties. The emotions present in anxiety disorders range from simple nervousness to doubts of errors. Common treatment options include lifestyle changes, therapy and medications. Medications are typically recommended only if other measures are not effective. Anxiety neurosis occurs about twice as often in females as males, and generally begin during childhood. As many as 18% of Americans and 14% of Europeans may be affected by one or more anxiety disorders.

4.6.PHOBIA

Phobia is a irrational persistent fear of something which might be an object or a situation or may involve social situations. Phobia is derived from the Greek word “phobos” (aversion” “fear, morbid fear”, is when used in the context of clinical psychology, a type of anxiety disorder, usually defined as a fear of an object or situation. In the event phobia cannot be avoided entirely, the sufferer will endure the situation or object with marked distress and significant interference in social or occupational activities.

The term phobia is encompassing and usually discussed in terms of specific phobias and social phobias. Some phobias such as xenophobia overlap with many other phobias.

Psychologists classify phobias into three different categories. They are as follows:

1. Social phobia: fears involving other societal members or social situations, such as, eating in public and delivering speech in the public places. This type of phobia may be subdivided into :

a)Generalized social phobia which is otherwise known as social anxiety disorder.

b)Specific social phobia is a condition in which anxiety is evidenced only in specific situations

2 .Specific phobias:. Fear of single specific object or situation, such as snakes, spiders, water, heights etc.

3.Agoraphobia:a generalized fear of a small familiar safe area ,fear of open spaces, fear of contamination of diseases.

4.5.1. LIST OF COMMON PHOBIAS

1. Acrophobia(fear of height)
2. Aerophobia(Fear of flying)
3. Agliophobia(Fear of pain)
4. Agoraphobia (fear of situation)
5. Anthropophobia(Fear of people or society)
6. Bathmo phobia (Fear of depth)
7. Bibliophobia (Fear of books)
8. Cathisophobia(Fear of sitting)
9. Chinophobia (Fear of snow)
- 10.Chirophobia (Fear of Bats)
- 11.Claustrophobia(Fear of confined spaces)
- 12.Dystychiphobia(Fear of accidents)
- 13.Ereuthrophobia(Fear of blushing)
- 14.Ergophobia (Fear of work)
- 15.Frigophobia (Fear of cold things)
- 16.Genuphobia (Fear of knees)

- 17. Hormephobic (Fear of shock)
- 18. Hydrophobia (fear of water)
- 19. Photophobia (fear of light)
- 20. Social phobia (fear of being treated negatively)

4.5.2. CAUSES OF PHOBIA :

Phobias are fears sparked by certain situations that can interfere with a person's coping abilities or lead them to stay away together. One in ten people will experience phobias at some point in their lives. These individuals can be calm and rational most of the time, yet find themselves paralyzed with fear when they are faced with a particular situation. There are few causes of phobias listed below.

1. Social and specific phobias sometimes run in families, providing evidence of a genetic connection :

Some people are born with a predisposition towards anxiety, which makes them particularly susceptible to developing phobias.

2. Phobias may develop as a response to pressure or following traumatic events :

In other cases, unreasonable fears may develop with no apparent trigger. Adults generally recognize that their fears are irrational or excessive and this can act as an isolating factor. The affected person might not talk to friends and family about a fear that they believe is silly.

3. Phobias are also a natural part of development :

Most children go through stages where they are scared of the dark, of monsters, or of strangers. Many teens develop anxieties associated with self image and other perception of them. While these fears are normal and often get left behind overtime, they can sometimes persist or become incapacitating.

4.5.3. TREATMENT OF PHOBIAS

1. Practice of exposure therapy :

This self-help technique involved gradually exposing yourself to the source of your phobia. Initially, merely picture yourself in the situation that usually causes anxiety, recommends family doctors. When you feel comfortable with this, progress to gradually exposing yourself to the situation or object that causes your phobia.

2. Practice flooding :

This is more extreme version of exposure therapy and involves exposing yourself to the object or situation you fear for 40 minutes, the maximum amount of time your body can remain in an anxious state. After doing this, you may be better able to tolerate your phobia.

3. Avoid alcohol, caffeine and other drugs

Many phobia sufferers turn to alcoholic, as they believe it will help them to cope with their phobia. In the long term, however, it will just make the problem worse. Caffeine which can be found in coffee, tea, soft drinks and chocolate stimulates our nervous system and may increase feelings of fear and anxiety.

4. Practice muscle relaxation and regular exercise and yoga

Concentrate on one part of the body such as the upper arm and concentrate on testing the muscles there for four or five seconds. Then relax and repeat the process with every other part of the body. Take up yoga. This will teach you how

to relax your body and in turn, your body exercise everyday. Exercise will help to reduce feelings of anxiety and give you a sense of general well-being.

5. Medication : Medication is not usually recommended for treating phobias, because talking therapies are usually effective and do not have any side effects. However, medication is sometimes prescribed on a short-term basis to treat the effect of phobia such as anxiety.

Three types of medications are recommended for treating anxiety. These are :

- (a) Anti-depressants
- (b) Tranquillisers
- (c) Beta-blockers
- (a) Antidepressants

Antidepressants are often prescribed to help reduce anxiety. Paroxetine, a selective serotonin reuptake inhibitor (SSRI), is licensed to treat social phobia. Citalopram and Escitalopram are licensed for the treatment for panic disorder. Venlafaxine is licensed for generalized anxiety disorder (GAD).

Common side effects of these treatments include :

- (a) Nausea
- (b) Headaches
- (c) Sleep problems
- (d) Upset stomach

Moclobemide is a type of antidepressant from the monoamine oxidase inhibitor (MAOI) group of antidepressants. It sometimes prescribed to treat social phobia.

Other possible side effects of moclobemide include :

- (a) Sleep problems

- (b) Dizziness
- (c) Headaches
- (d) Restlessness
- (e) Agitation.

(b) Tranquillisers :

Benzodiazepines are a group of medicines that are categorized as minor tranquillisers. They include medicines such as diazepam and are sometimes used on a short-term basis at the lowest possible dose to treat severe anxiety.

(c) Beta-blockers :

Beta-blockers are often used to treat cardiovascular conditions such as heart problems and high blood pressure (hypertension). Beta-blockers slow down your heart rate and decrease your blood pressure. Propranolol is a beta-blocker that is commonly used to treat anxiety. Possible side effects are :

- (a) Stomach problems
- (b) Cold fingers
- (c) Tiredness
- (d) Sleep problems.

Obsessive compulsive neurosis :

It is a type of mental illness that causes repeated unwanted thoughts. To get rid of thoughts a person with OCD does the same task over and over again. For example, you may fear that everything you touch has germs on it; so, to ease that fear, you wash your hands over and over again. The obsession or compulsions usually take up a lot of time – more than one hour a day. They greatly interfere

with your normal routine work or school and they affect social activities and relationships. Obsession is used for thoughts and compulsion for actions of the individual. It is a type of personality disorder. Research suggests that there may be a problem with the way one part of the brain sends information to another part. Not having enough of brain chemical called serotonin may help cause the problem.

CAUSES OF OCD

Despite much research being carried out into obsessive compulsive disorder the exact cause of the condition has not yet been identified.

However, in certain individuals OCD is thought to be triggered by a combination of genetic, neurological, behavioural and environmental factors.

1. Genetics

Genetics is thought to play a part in some cases of OCD. Research suggests OCD may be the result of certain inherited genes (units of genetic material) that affect the development of the brain. Although no specific genes have been linked to OCD, there is some evidence that conditions runs in families. Genetic and family studies have also showed OCD may be related to other conditions such as :-

- (*) Tics – rapid, repeated, involuntary contractions of a group of muscles.
- (*) Tourette's syndrome – a condition that causes a person to make repetitive movements or sounds.

2. Brain abnormalities

Brain imaging studies have shown that people with OCD have abnormalities in some parts of their brain, including increased activity and blood flow, and lack

of the brain chemical, i.e., serotonin. The areas of the brain affected deal with strong emotions and how we respond to those emotions. In the studies, brain activity returned to normal after successful treatment with cognitive behavioural therapy (CBT) or selective serotonin reuptake inhibitors (SSRIs).

3. Serotonin

Serotonin also seems to play a part in OCD. It is a chemical in the brain (neuro transmitter) that transmits information from one brain cell to another. Serotonin is responsible for regulating a number of body's functions including mood, anxiety, memory and sleep. Medication that increases the levels of serotonin in the brain, such as certain types of antidepressant, have proven effective in treating the symptoms of OCD.

4. Parenting and Family

OCD is not thought to be linked to upbringing, but certain factors such as having overprotective parents could increase your chances of developing OCD. If the family member continually reassures them that they have done something in order to make them feel better, it may prevent them seeking help and treatment they need.

5. Infection

There have been reports of some children and young people developing OCD after having a severe infection caused by streptococcal bacteria. One theory is that antibodies (infection-fighting proteins) produced by the body react with part of the brain leading to OCD. Symptoms of OCD that occur as a result of an infection will usually start quickly (within 1 or 2 weeks).

TREATMENT OF OCD

1. Behavioural therapy

Cognitive Behavioral Therapy that involves graded exposure and response prevention has been shown to be an effective treatment for OCD.

Exposure and response prevention (ERP) : ERP involves identifying a number of situations that cause you anxiety. These are placed in order from the situations that cause you the most to the least anxiety. You and your therapist will identify tasks that will expose you to the situations that cause anxiety, but at a level you can cope with. You need to do exposure tasks without carrying out your anxiety relieving compulsions. People with mild to moderate OCD usually need about 10 hours of therapist treatment, combined with self-treatment exposure exercises between sessions. Those with moderate to severe OCD may need a more intensive course of CBT that last longer than 10 hours.

2. Medications

Selective serotonin reuptake inhibitors (SSRIs)

They are type of antidepressants that increase the levels of a chemical serotonin in your brain. Serotonin is a neurotransmitter that the brain uses to transmit information from one brain cell to another. Possible SSRIs that you may be prescribed include :

1. Fluoxetine
2. Paroxetine
3. Sertraline
4. Citalopram
5. Fluvoxamine
6. Escitalopram

Possible side effects of SSRIs include headaches and feeling sick. However, these should pass within a few weeks.

3. Support groups

Many people with OCD find support groups helpful as they can :

1. give you reassurance
2. reduce feelings of isolation you may have.
3. Give you a chance to socialize with others.

Support groups can also provide information and advice for family members and friends who may be affected by your condition.

OCD action support groups and OCD-UK support groups are both national charities for OCD and also can provide information about support groups in different areas.

4. Surgery

Surgery is the very last resort treating severe OCD when all other forms of treatment have failed. It should not be considered at all until someone has.

- (a) Received at least 2 full trials of different SSRIs on clomipramine at recommended doses.
- (b) Had treatment for refractory OCD(OCD that does not respond to treatment()) as well as antipsychotic medication or higher doses of SSRIs or mood stabilizers.

(c) Received unsuccessful CBT treatments both in a clinic and at home as well as having been treated by the National Service for Refractory OCD.

5. Deep Brain Stimulation

It is an alternative surgical technique that may be used more frequently to treat OCD in the future. Currently, it is only used as part of medical research. Deep brain stimulation involves implanting an electrical generator into your chest and electrodes (small metal discs) into your brain. An electrical signal is sent from the device in your chest to the electrodes in your brain.

Some small studies looking at deep brain stimulation for OCD have reported an improvement in symptoms. However, there are some possible serious side effects associated with the technique, including infection and bleeding inside the brain.

4.7. SCHIZOPHRENIA

It has come from two Greek words “Schizo” meaning division or split and “Phrene” meaning mind. Thus, literary schizophrenia, means split of mind. Schizophrenia may be defined as a complex disorder, or a cluster of disorders characterized by fragmentation of basic psychological functions (attention, perception, thoughts, emotions and behavior). As a result of such fragmentation, persons with schizophrenia have serious problems in adjusting to the demands of reality. They have trouble paying attention to what is going on around them, and their thinking is often so confused and disorganized that they cannot communicate with others. They often show bizzare behaviors and blunting of emotion and motivation that makes them unable to move or take action. When they do show emotion, it is often inappropriate in a given situation. Schizophrenia is so serious and disruptive that often persons who

develop it must be removed from society at least temporarily, for their own protection and to undergo treatment. Schizophrenia has complex origins that include genetic factors, brain dysfunctions, biochemical factors and certain aspects of family environment.

4.6.1. SYMPTOMS OF SCHIZOPHRENIA

Schizophrenia creates two kinds of symptoms. Positive symptoms and negative symptoms. Positive symptoms are those which involve an exaggeration or distortion of normal thinking processes and behaviors and tend to be most frequent in the first stages or early episodes of schizophrenia. Negative symptoms involve the loss or absence of normal traits and abilities or decrease of normal functions.

POSITIVE SYMPTOMS

1. Delusions

Delusion are usually faulty interpretation of reality that cannot be shaken despite clear evidence to the contrary. There are different delusions observed in schizophrenia. The most common among them are delusion of reference, delusion of persecution and delusion of grandeur. In delusion of reference, the patient believes that his or her thoughts, feelings or actions are being controlled by someone-else or by some machine. In delusion of persecution, he or she may believe that others (relatives too) are plotting against him and trying to harm him. In delusion of grandeur he or she may imagine that he is very famous as he or she is a great poet, artist, writer, singer or philosopher.

2. Hallucinations

Hallucinations are false sensory experiences. These are vivid sensory experiences that have no basis in physical reality. Examples – hearing voice that really does not exist, seeing images or objects out of nothing. The most common hallucination of schizophrenia is auditory hallucinations.

3. Disorganized and Incoherent Speech

Speeches of schizophrenic patients are often disorganized and incoherent in nature. It consists of mostly illogical and jumbled ideas and symbols linked by meaningless rhyming words. It is very difficult to understand and knowing meaning of schizophrenic speech.

4. Disorganized and Bizarre Behaviors

The behaviors of schizophrenics may also become disorganized and extremely odd, which may range from child like silliness to unpredictable and violent agitation. The person may wear three overcoats on a hot summer day or be nude on a mid-winter night.

NEGATIVE SYMPTOMS

The negative symptoms of schizophrenia may include loss of motivation and poverty of speech by making only brief and empty replies in conversation because of diminished thought rather than an unwillingness to speak. Extreme emotional flatness such as unresponsive facial expressions, poor eye contact during an interaction and diminished and inappropriate emotional expressions are very common symptoms of schizophrenics. He or she may laugh to an incident when he or she is expected to cry or may outburst in anger for useless things. Some schizophrenic patients may completely withdraw into an exclusive world, sitting for hours without moving. This condition is called as catatonic stupor.

4.6.2 TYPES OF SCHIZOPHRENIA

The DSM-IV divides schizophrenia into the types listed below. Each is marked by a different pattern of symptom

Sl. No.	Type	Symptoms
1.	Disorganized	Confused speech, vivid and frequent hallucinations, bizarre and silly behavior
2.	Catatonic	Psychomotor over activities and agitation in the excitement phase, and total immobility and fixity in the stupor phase
3.	Paranoid	Delusion of persecution, grandeur, ideas of reference, jealous and auditory hallucinations.
4.	Undifferentiated	Patient does not consistently show symptoms of anyone of the above three categories but may instead shift from one pattern to another or shows no consistent pattern.
5.	Residual	Apathy, social isolation and lack of will are common. They are common. They are able to function in daily life with difficulty.

In general, there are four types of schizophrenia.

a) Simple schizophrenia: This type of person likes to stay alone and unsatisfied with his environment. They do not believe in social relationships.

b) Hebephrenic: This type of person has disintegrated personality. They are philosophical and religious. They like to obey rules and regulations of society. They suffer from delusions and hallucinations. As their problems increase, they become anti-social.

c)Catatonic: This category of persons are indifferent to everything. They have not expressed any form of emotions. There are two stages in this type of schizophrenia One is stuporous in which one becomes totally inactive and another is excited stage in which the person become very violent and shouts indiscriminately.

d)Paranoid: This type of schizophrenia is commonly found in the people of age group of 35 to 40 years. People of this type experience delusions and hallucinations. They can make suicides or can kill others as become fearful.

4.6.3.CAUSES OF SCHIZOPHRENIA

Schizophrenia is one of the most bizarre and most serious psychological disorders. It is also more common than you might guess. Between 1 and 2 percent of the people suffer with this disorder in the United States .

1. Genetic Factors

Schizophrenia, like several other psychological disorders, tends to run in families. The closer the family, tie between two individuals the higher the likelihood that if one develops schizophrenia, the other will show this disorder too. Schizophrenia does not appear to be traceable to a single gene. Other evidence for the role of genetic factors in schizophrenia is provided by adoption studies. Results indicated that fully 9% of those with schizophrenic mothers showed this mental disorder; in contrast, fewer than 1% of those born to non-schizophrenic mothers were diagnosed as schizophrenic.

2. Brain Dysfunction

Additional evidence suggests that several types of brain dysfunctions occur in persons with schizophrenia. For instance, some findings indicate that some ventricles (fluid-filled spaces within the brain) are larger in schizophrenics than

in other persons, and this increased size may cause abnormalities in the cerebral cortex. In fact, the decreased brain volume resulting from enlarged ventricles has been found, in research using magnetic resonance imaging, to be related to increased hallucinations and reduced emotions among schizophrenics. Schizophrenics also show reduced activity in the frontal lobes relative to another person during tasks involving memory or abstract thought.

3. Biochemical Factors

Several findings point to the possibility that disturbances in the functioning of certain neurotransmitters may play a role in schizophrenia. For instance, consider these facts : (i) Drugs that increase dopamine activity in the brain tend to intensify schizophrenic symptoms, (2) Drugs that block the action of dopamine in the brain are effective in reducing many symptoms of schizophrenia, especially positive symptoms. This is why the newest drugs used in the treatment of schizophrenia target not one neurotransmitter or chemical, but many.

4. Psychological Factors

The fact that schizophrenia seems to run in families raise the possibility that some families create social environments that place their children at risk for this disorders. Intriguing clues are provided by research on relapses among schizophrenic patients – recurrences of the disorder after periods of relative normality. It appears patients are more likely to suffer relapses when their families adopt certain patterns of expressing emotion and also when their families are engaged in harsh criticism.

4.6.4 TREATMENT OF SCHIZOPHRENIA

The primary treatment of schizophrenia is antipsychotic medications, often in combination with psychological and social supports. Hospitalization may occur for severe episodes either voluntarily or involuntarily. Some evidence indicates that regular exercise has a positive effect on the physical and mental health of those with schizophrenia.

1. Medication

The mainstay of psychiatric treatment for schizophrenia is antipsychotic medication. These can reduce the “positive” symptoms of psychosis. Most antipsychotics are thought to be taken around 7 to 14 days to have their main effect.

Treatment of schizophrenia changed dramatically in the mid 1980s with the development and introduction of the first antipsychotic chlorpromazine. Others such as haloperidol and trifluoperazine soon followed.

Response of symptoms to medication is variable. “Treatment – resistant schizophrenia” is the failure to respond to two or more anti-psychotic medications given in the therapeutic doses for 6 weeks or more. Patients in this category may be prescribed clozapine, a medication of super effectiveness but several potentially lethal side effects including agranulocytosis and myocarditis.

Persons diagnosed as having schizophrenia are advised to avoid dietary supplementation of arginine above 30 milligrams per day.

2. Hospitalization

Hospitalization may occur with severe episodes of schizophrenia. This can be voluntary or involuntary. Long-term inpatient stays are now less common due to de-institutionalization, although still occur. Efforts to avoid repeated hospitalization include the obtaining of community treatment orders which, following judicial approval coerce the affected individual to receive psychiatric treatment including long-acting injections of anti-psychotic medication. This legal mechanism has been shown to increase the affected patients' time out of the hospital.

3. Transcranial Magnetic Stimulation (TMS)

Appears to be effecting in alleviating the negative symptoms and cognitive deficits seen in schizophrenia a recent double-blind randomized sham controlled study of deep-TMS add-on treatment noted an 8 point reduction in the scale for the assessment of negative symptoms (SANS) in patients.

4. Electroconvulsive therapy

Electroconvulsive therapy is not considered as a first line treatment but may be prescribed in cases where other treatments have failed. It is more effective where symptoms of catatonia are present, and is recommended for use and NICE guidelines in the UK for catatonic if previously effective, though there is no recommendation for use for schizophrenia otherwise. Psychosurgery has now become a rare procedure and is not a recommended treatment for schizophrenia.

4.8. MANIC DEPRESSIVE PSYCHOSIS

Manic depressive psychosis is also known as bi-polar disorder or affective psychosis, is a mental illness characterized by periods of elevated mood and periods of depression. The elevated mood is significant and is known as mania or hypomania depending on the severity. During mania an individual feels or acts abnormally happy, energetic or irritable. The need of sleep is usually reduced. During periods of depression, there may be crying, poor eye contact with others and a negative outlook on life. The risk of suicide among those with the disorder is high at greater than 6% over 20 years, while self harm occurs in 30-40%. Other mental health issues such as anxiety disorder and drug misuse are commonly associated.

4.7.1. CAUSES OF MANIC DEPRESSIVE PSYCHOSIS

The causes of bipolar disorder likely vary between individuals and the exact mechanism underlying the disorder remains unclear. The causes are genetic influences, physiological factors, environmental factors, neurological factors, etc.

1. Genetic Influences

Genetic studies have suggested that many chromosomal regions and candidate genes are related to bipolar disorder susceptibility with each gene exerting a mild to moderate effect. Although the 1st genetic linkage finding for mania was in 1969, the linkage studies have been inconsistent. Findings point strongly to heterogeneity with different genes being implicated in different families. Advanced paternal age has been linked to a somewhat increased chance of bipolar disorder in offspring, consistent with a hypothesis of increased new genetic mutations.

2. Physiological factors

Abnormalities in the structure or function of certain brain circuits could underlie bipolar disorder. Meta analyses of structural MRI studies in bipolar disorder report an increase in the volume of the lateral ventricles, globus pallidus and increase in the rates of deep white matter hyperintensities. Other brain components which have been proposed to play a role are the mitochondria and a sodium ATPASE pump. Circadian rhythms and melatonin activity also seem to be altered.

3. Environmental factors

Evidence suggests that environmental factors play a significant role in the development and course of bi-polar disorder and that individual psychosocial variables may interact with genetic dispositions. There have been repeated findings that 30-50% of adults diagnosed with bipolar disorder report traumatic abusive experiences in childhood which is associated on average with earlier onset, a higher rate of suicide attempts and more co-occurring disorder such as PTSD.

4. Neurological factors

Less commonly bipolar disorder or a bi-polar like disorder may occur as a result of or in association with a neurological condition or injury. Such conditions and injuries include (but are not limited to) stroke, traumatic brain injury, HIV infection, multiple sclerosis, porphyria, and rarely temporal lobe epilepsy.

4.7.2. TREATMENT OF MANIC DEPRESSIVE PSYCHOSIS

There are a number of pharmacological and psychotherapeutic techniques used to treat bi-polar disorder. Individuals may use self-help and pursue recovery.

1. Psychosocial help

Psychotherapy is aimed at alleviating core symptoms, recognizing episode triggers, reducing negative expressed emotion in relationships, recognizing predetermined symptoms before full blown recurrence, and practicing the factors that lead to maintenance of remission. Cognitive behavioral therapy, family-focused therapy and psycho-education have the most evidence for efficacy in regard to relapse prevention while interpersonal and social rhythm therapy and cognitive behavioral therapy appear the most effective in regard to residual depressive symptoms.

2. Medication

A number of medications are used to treat bipolar disorder. The medication with the best evidence is lithium, which is effective in treating acute manic episodes and preventing relapses, lithium is also an effective treatment for bipolar depression. Lithium reduces the risk of suicide, self-harm and death in people with bipolar disorder.

Four anticonvulsants are used in the treatment of bipolar disorder. Carbamazepine effectively treats manic episodes, it has greater benefit in rapid cycling bipolar disorder.

Carbamazepine becomes a popular treatment option for bipolar treatment option for bipolar in the late 1980s and early 1990s, but was displaced by sodium valproate in the in the 1990s. Since then valproate had become a commonly prescribed treatment and is effective in treating manic episodes. Zimovigine has some efficacy in treating bipolar depression and the benefit is the greatest in more severe depression. The effectiveness of topiramate is unknown. Depending on the severity of the case, anticonvulsants may be used in combination with lithium or on their own.

3. Alternative medicine

There is some evidence that the addition of omega, 3 fatty acids may have beneficial effects on depressive symptoms although studies have been scarce and of variable quality.

4.9. PSYCHOPATHIC DISORDERS AND MENTAL RETARDATION

The term "Psychopath" is derived from two Greek words such as; Psyche and Pathos. Psyche" means mind or mental and pathos refers to suffering or feeling. Psychopathic disordered people have lack of empathy, remorse and emotions. They are of ego-centric, engaged in antisocial activities and abusive treatment of others. This disorder is otherwise known as sociopathic disorder.

The difference between antisocial personality disorder and psychopath

Is the degree of anti-social behaviors. Psychopathic personality problems originate from immature and distorted personality development. So, they try to satisfy their needs in unethical manner and in the process which may harm others. Psychopathic people are not mentally retarded or neurotic or psychotic personalities but they have lack of ethical and moral development.

Various anti-social characters like drug addicts, criminals, delinquents etc belong to this category of disorder.

4.8.1 CHARACTERISTICS OF A PSYCHOPATH

1. Psychopaths are extremely manipulation. If you recognize this behavior in a co-worker, a red flag should go up in your vigilance department.
2. They lack emotions, so any display of such is acting. If you pay attention, you should be able to see through the act. Watch the suspect even when you are not involved in the same areas as him or her.
3. When they are speaking, there are a huge amount of disoccupations in their speech including um"s and wh"s.
4. Psychopaths tend to be more concerned with basic human needs like food, water and money, as opposed to believing in a higher power, church, spirituality and what happens in this world, alone.
5. Pathological lying in a character trait of someone inflicted with a psychopath mentality. They also believe what they are telling you, truth or not.
6. They believe the world revolves around them, and if it does not, it should.
7. Psychopaths are unable to accept responsibility for their actions. They will never admit blame for anything they have done. There is no remorse for any wrong doing they are engaged in.

8. They rarely have long term goals. If you find a psychopath who has goals, generally they are not realistic.
9. They are impulsive and irresponsible, so unpredictability is part of their character.
10. If they tell you any stories about their childhood, be alert for a story or more where they hurt, tortured or killed a smaller being than themselves. This is an early sign of being a psychopath.

4.8.2. GENERAL CAUSES OF PSYCHOPATHY

Studies have identified both genetic and non-genetic contributors to causing psychopath, including their influences on brain function. Thus, persons having high boldness may respond poorly to punishment but may respond better to rewards and secure attachments.

1. Genetic factors

Studies of the personality characteristics typical of psychopaths have found moderate genetic (as well as non-genetic) influences. On the PPI, fearless dominance and impulsive anti-sociality were similarly influenced by genetics and uncorrelated with each other. Genetic factors may generally influence the development of psychopath while environmental factors affect the specific trait that predominates. Studies have also suggested a connection between psychopath and a variant of the monoamine oxidase .

2. Environment

A study by Farrington of a sample of London males followed between age 8 and 48 years included studying which factors scored 10 or more on a PCL SV at age 48. The strongest factors included having a convicted parent, being physically neglected, low involvement of the father with the boy, low family income, and coming from a disruptive family. Other significant factors included poor supervision, large family size, depressed mother, low social class, harsh discipline, young mother and poor housing. There has also been association between psychopaths and detrimental treatment by peers. Researchers have linked head injuries with psychopath and violence. Since 1980s, scientists have associated traumatic brain injury such as damage to the prefrontal cortex with psychopathic behavior and an inability to make morally and socially acceptable decisions.

3. Biochemical factors

High levels of testosterone combined with low levels of cortisol or serotonin have been theorized as contributing factors. Injected testosterone shifts the balance from punishment to reward as sensitivity decreases fearfulness, and increases “responding to angry faces”. Some studies have found out that testosterone levels are associated with antisocial and aggressive behaviors. The cortisol levels increase the state of fear, sensitivity to punishment and withdrawal behavior. Monoamine oxidases (MAOs) are enzymes that are involved in the breakdown of neurotransmitters such as serotonin and dopamine, and are therefore, capable of influencing feelings, mood and behaviors in individuals. These findings suggest that further research is needed in this topic of debate. The studies have also been challenged on ethical grounds.

4.8.3. TREATMENT OF PSYCHOPATHY

1. Medical help or treatment

Psychopath has often been considered untreatable. Some relatively rigorous quasi- experimental studies using more modern treatment methods have found improvements regarding reducing future violent and other criminal behaviors, regardless of PCL-R scores, although none is randomized, controlled trials. Certain psychiatric medications may alleviate conditions sometimes associated with ASPD or with symptoms such as aggression, including antipsychotic, antidepressant or mood stabilizing medications.

2. Legal help or treatment

The PCL-R, the PCL: SV and the PCL-YV are highly regarded and widely used in criminal justice settings, particularly in North America. They may be used for risk assessment and for assessing treatment potential and be used as part of the decisions regarding bail, sentence, which prison to use, parole, and regarding whether a youth should be treated as a juvenile or as an adult. The reliability of the PCL-R can be high when used carefully in research but tend to be poor in applied settings. In particular factor 1 items are somewhat subjective.

4.8.4. SOME ALARMING PSYCHOPATHIC BEHAVIOUR

Psychopath represents a cluster of different psychopathic behaviors found throughout the general population to varying degrees.

There are some alarming psychopathic behaviors. They are as follows:

JUVENILE DELINQUENCY

Participation in illegal behavior or offensive act by a person who is under the age of 18 is known juvenile delinquency or youth crime and the person who commits the act that may have been charged as a crime if they were an adult is called juvenile delinquent. The frequency of crimes committed by the young population has multiplied by several times and has become a matter of concern in the society. The activities or behaviors committed by youths which are not acceptable in the society are termed as youth crimes. Most of the offensive acts committed by teens tend to be non-violent; but if the frequency and intensity of these crimes are not checked they may have long term effects and may tend to continue beyond adolescence period and become more violent. Sometimes the number and extent of these crimes are so devastating that the minors who committed the crime are tried in adult courts.

Moffit (2006) described that juvenile delinquents can be broadly classified into two types:

(a) Repeat Offenders

They are those teenagers who start showing antisocial or aggressive behavior in adolescence or even childhood are more often involved in criminal activities that may even persist when they reach to the age of adulthood.

(b) Age Specific Offenders

These are those teenagers whose juvenile activities or delinquency starts and ends during their period of adolescence. Due to age specific changes in both physical and mental processes, a certain amount of mild aggressiveness and anti-social behavior can be observed among teenagers but these behaviors need to be checked, in order to determine whether they will be adolescents-limited or life-course-persistent offenders.

CAUSES OF JUVENILE DELINQUENCY

The problem of juvenile delinquency is really a matter of great concern for the world at large. Delinquents are normal individuals with normal desires, but their maladaptive behaviors create difficulties for the self and others. The intensity and severity of delinquent's behaviors are determined by personal, social, economic and cultural factors of the society. The development of delinquency may be determined either due to single or in combination with other factors. The factors of delinquency are broadly classified into:

- (a) Personality characteristics
- (b) Family pattern and interactions
- (c) Delinquent gang and subcultures

Under Personality characteristics certain variables like brain damage, psychopathic personality, drug abuse, mental retardation, neuroses and psychoses are included. The genetic theorists view that the presence of an extra „ Y “ chromosome in juvenile delinquents and brain damage also leads to lowered inhibitory controls. Delinquents are to be more extroverts, more neurotic, more psychotic and to have more criminal tendencies. Most of the delinquents are found to be addicted to drugs. In some cases mental retardation is associated with serious brain damage. The delinquent act is related to compulsive behavior and is the function of personality maladjustment.

The pathogenic family patterns such as: broken home, faulty discipline of parents and child rearing practices, sociopathic parental models, parental

absenteeism, mother dominance and father rejection etc have been found to be related to delinquent behaviors.

In addition to the above factors, social exclusion, social rejection and peer pressure are also important causes of delinquent behaviors.

REMEDIES

Psychologists, psychiatrists and social workers have entrusted responsibilities to look after their difficulties. They may be provided individual therapy, group therapy and psychological counseling. Behavior of delinquents is to be resocialised by group pressure. Counseling with the parents is also helpful for the rehabilitation of delinquents. Institutionalization, behavior therapies, change in the environmental factors, involving delinquents in creative activities, the teachers of reformatory schools are some measures to prevent the development of delinquent behavior.

PROSTITUTION

Prostitution has a long historical background and it is as old as the history of human civilization itself. It is a social necessity as viewed by some sociologists and psychologists.

An individual (man/woman) who indulges in sexual act for the sake of earning money is called as a prostitute. A prostitute is engaged in sexual act without any tender emotion and the act is mechanical. There are various forms of prostitution prevailing across the globe. In general, all forms of prostitution are categorized into four different types. The first types of prostitutes are those who are engaged in sexual relation with men on accepting money. These harlots are a

problem for the society. The second category of prostitutes are those men who keep relations with other men after accepting money and this type of relationship is called as homo-sexual relations. They keep such type of relations to earn their livelihood. The third types of prostitutes are those women who pay money to men in order to establish sexual relation with them. The fourth category of prostitutes are those women who charge money and supply girls. These girls may come either by their own will or they are seduced.

In ancient Greece, prostitution was considered as a part of life. In some countries prostitution is legalized while in India it is considered as a criminal activity. Now-a-days different kinds of prostitution like street prostitutes, bar dancers, call girls, religious prostitutes, escort girls, road side, brothel, child prostitutes etc are found in modern India. In India the AIDS epidemic was first detected amongst sex workers and their clients

CAUSES OF PROSTITUTION

There are various causes of prostitution related with both men and women who are equal partners and equally guilty. There may be four types of causes of prostitution. They are : economic, biological, social and psychological.

(a) Economic Cause

Many women are forced to accept prostitution as a profession due to their poverty. If the income of head of the family is low or if he is suffering from chronic disease, some women turn to prostitutes in the absence of other resources, to meet the required expenses of the family. Some other women take this as profession because of lust for better food, garments and money. Some men who are unmarried due to weak economic condition and some males who are married but

forced to take up jobs which keep them away from home for months or years, they visit brothels to satisfy their sexual urge.

(b) Biological Cause

Some women have strong sex urge due to their specific physical structure. When they are not getting sexual satisfaction from their husbands, they try to entice other men. Similarly, some males are unmarried because of being ugly, old, diseased or impotency or some have very strong sexual urge and also some do not feel fully satisfied with their wives, so they go to brothels to satisfy their sexual lust.

(c) Social Cause

It is found that some women practice prostitute as profession due to tradition. Some others have to accept this whose male partners are drunkards and also some unmarried girls fall prey to prostitution whose parents are dead. Some females like widows, spinsters and divorced are forced to become prostitutes due to certain circumstances. There are certain male persons who have personal lust and liking or prostitute lovers visit brothels for sexual enjoyment. Those males who are not satisfied with their wives in sexual acts and those who are bored with the same women performing the routine sexual act, they visit prostitutes for sexual satisfaction.

(d) Psychological Cause

Psychologists like Freud, Adler and Jung have demonstrated the psychological causes of prostitution. Studies have revealed that mental disordered women and emotionally upset females fail to control their sexual urge which lead them away to prostitution. Some male persons suffer from mental aberrations;

therefore, they prefer shameless behavior of prostitutes. They visit brothel to listen to obscene languages and also to enjoy violent behavior.

Prostitution is very alarming today because some high profile girls are taking this profession to get money quickly and also for fun. This is not good health of the individual as well as society at large. It leads to many health hazards like cervical cancer, traumatic brain injury, HIV, STD and various psychological disorders.

REMEDIES

In India, several laws like suppression of Immoral Traffic in Women and Girl Act – 1956, Prevention Of Immoral Traffic Act -1956, Immoral Traffic (Prevention) Act – 1956 are enacted to prevent prostitution. Counselling and Behavior therapies are helpful to overcome this maladaptive behavior.

DRUG ADDICTION

There is reference to the use of drugs in great epics like The Ramayan and The Mahabharat. Around 2000 B.C. , kings and emperors used plenty of intoxicating drugs like „somasara“ , alcohols etc in India. But during the last two decades the unusual increase in the uses and abuses of alcohol and various drugs by young men and women, both educated and uneducated, filmstars, artisans, students create a frightening problem in the society.

Human beings have prepared a long list of acceptable foods and drinks for their existence. The proactive chemicals or substances, other than food that affects the body or mind is called „ Drugs “. But it has been defined by World Health Organization (WHO) as “ any substance that when taken into the living

organism may modify one or more of its functions. ” This definition conceptualizes that it is used not only as medication but also as pharmacologically active substances. When a drug is used to cure illness, prevent a disease or improve health is called as „ Drug Use. “ But when it is taken against medical advice i.e, a person is taking a drug more than the amount prescribed just because it gives him excitement and stimulation is definitely abusing the drug.

People may further develop drug dependency, a more advanced pattern, also known as addiction. In addition to abusing the drug, they may center their lives around and perhaps acquire a physical tolerance for the drug. Tolerance means physical habituation to a drug so that with frequent usage, higher doses are needed to attain similar effect. Substances that are abused can be studied under seven major categories such as

- (a) Narcotics
- (b) Analgesics
- (c) Cannabis
- (d) Depressants
- (e) Hallucinogens
- (f) Stimulants
- (g) Volatile Solvents
- (h) Other drugs of abuse

In Greek, the prefix „Narco “ means “ to deaden ” or “ be numb ”. „Analgesic“ means „pain killing“ or „pain relieving“. Narcotics means in medical terms is „ Opium“. It is taken orally and can be smoked by a special pipe of equipment called opium smoker. Ganja, marijuana, charas, bhang are the main drugs coming under Cannabis. Depressants are drugs which depress or slow down the function of the central nervous system. Sedative-hypnotics and alcohol come under this category. Hallucinogens are drugs that affect perception, emotions and mental processes. Hallucinogens are also referred to as „ Psychedelic (Mind altering) drugs.“ Lysergic acid diethylamide (LSD) and Phencyclidine (PCP) are included under hallucinogens. Stimulants are drugs which excite or speed up the central nervous system. The two most prevalent stimulants are nicotine, found in tobacco products and caffeine, the key ingredients in coffee and tea. Amphetamine, cocaine and crack are the drugs come under the stimulants categories. Volatile solvents include volatile hydrocarbons and petroleum derivatives like petrol, paints, nail polish remover, glues, varnish thinner and lighter fluid. It is used with inhaling by sniffing. There are many types of drugs that are found but they are not categorized.

SYMPTOMS OF DRUG ABUSER

The following are some of the symptoms of drug addicts:

- (i) The drug addict shows abnormal behavior such as avoiding eye contacts while talking, distortion in speech, sudden withdrawal, isolation, becoming violent, start crying, excited, showing signs of emotional imbalance.
- (ii) The drug addict may not hesitate to stealing and telling lies to cover up. He disregards for family and social values.

(iii) The drug abuser leaves friends those who do not take drugs and chooses new peer friends those who have common activity, such as, abuse of drugs.

(iv) The drug addict has poor performance in academic achievement due to lack of concentration, loses interest in studies, does not complete homework and abstaining from the classes.

(v) The drug abuser loses his weight and other symptoms like itching on limbs, convulsions, cough and cold, scaly skin, dark rings around the eyes, expression of exhaustion are also observed.

(vi) The drug addict is defensive and easily gets irritated. He is irresponsible, has a feeling of guilt and secretive. He prefers to stay alone in one's room for longer durations. His dress, hair styles and facial appearance undergo changes. He develops paranoid feelings that everybody around him is creating problems for him. He is a late comer and also may have frequent accidents.

Besides above behavioral changes, the drug addict avoids crowded places and also a number of other behavioral changes occur.

CAUSES OF DRUG ADDICTION

There are several factors that are responsible for drug abuse.

(1) Biological Factors

The role of genetic factors in causation of drug abuse can not be denied. It is viewed that constitutional predisposition to drug abuse can be acquired as well as inherited. Irwin (1968) and Goodwin et al. (1973,1974) reported that most of the alcoholics had an alcoholic parent. On the basis of their findings Goodwin et al. (1973,1974) remarked that “ it was being born to be alcoholic biological parent

rater than being raised by one that increases the risk of the son becoming an alcoholic.”

(2) Psychological and Personality Factors

(a) Personality Factors – Personality of an individual is predisposed to alcohol under conditions of stress. According to Cockett and Marks (1969) users of stimulant drugs were more introvert, shy and retiring than non-users and those who were using depressant drugs were seen to be more extrovert than non-users. Studies on personality of alcoholics revealed that they are emotionally immature, they need a lot of praise appreciation and attention from others. They are disturbed by failures and frustrations. They feel very insecure and inferior and have low frustration tolerance.

Pratt (1972) and McClelland et al (1972) viewed that young men abuse drugs to prove their masculinity and to achieve feelings of adequacy and competency.

(b) Stress, tension reduction and reinforcement :Studies have pointed out that alcoholics are dissatisfied with life and have very less frustration and stress tolerance capacity. Schafer stated that alcoholism is a conditioned response to anxiety. When an individual feels that drug use reduces his anxiety, tension and stress, he is reinforced to use it again and again until he becomes drug abuser.

(c) Marital crisis and other familial problems – Marital crisis brings many problems for the individual. Divorce, untimely death of children or spouse, extra marital relationship, constant quarrel and conflict between husband and wife, prolonged illness of any partner, poverty may lead to

use drugs. Persons in certain occupation are bound to use drugs. Individuals with harsh superego also turn to be drug addicts in order to reduce their unconscious stress. High school dropout children, antisocial personalities and delinquents are abusing drugs frequently.

(3) Socio-cultural Factors

In some societies drug use has been considered as a social act. According to Social Learning theory, drug abuse is a learned behavior. The social factors are interacted with individual factors with a particular social situation. During the last few decades many changes take place in the society. The present socio-cultural trend encourages people to attend and drink in clubs, parties, marriage ceremony and in many other social get together.

Drug abuse is not caused by a single factor. One becomes drug abuser may be due to multiple factors influencing him simultaneously. Besides the above mentioned factors there are some other reasons like symbol of modernity, establishing oneself, the idle time, faulty family pattern, families involved in antisocial activities, parental models, influence of movies and media, sex inhibitions, self-concept, curiosity etc are responsible for abuse of drugs by individuals.

REMEDIES

Psychotherapy, behavior therapy, drug de-addiction in various rehabilitation centres, occupational therapy etc are used to treat drug addicts.

CRIMINALITY

Crime is a social evil. Societies define crime as the breach of one or more rules or laws for which some governing authority or force may ultimately prescribe

a punishment. The word „crime“ is derived from the Latin word „Crime“ and from the Latin root „Cero“, it means “Charge (in law), guilt and accusation.”

Crime is generated by society and the society in turn also suffers because of the crime committed by its members. Crime has been defined in social and legal terms. The social definition of crime is that it is behaviour or an activity that offends the social code of a particular community. Mower (1959) has defined it as “an anti-social act.” According to Nesbit (1970) crimes are the activities which threaten social disorder, offend morality and endanger person or property. Hall Jerome (General Principles of Criminal Law, 1947) has defined crime as “legally forbidden and international action which has a harmful impact on social interests, which has a criminal intent and legally prescribed punishment for it.” Crime is violation of rules and regulations and social norms. It is an anti-social and illegal behaviour to which penalty is attached.

The terms „crime“ and „criminal“ are legal terms and therefore the definitions of these terms are society specific, whatever may be considered as crime in one society may be a minor offence in the other. Crime in general is a form of maladjustment of great social concern which legally can be considered as an act in violation of the law and criminal is a person who does an act in violation of law. In India any person of 21 years and above who violates the provisions of IPC (Indian Penal Code) or CRPC (Criminal Procedure Court) is a criminal.

Criminal behaviour suggests a large number and variety of acts. Andrew and Bonta (1998) suggest four broad definitions of criminal behaviour and the acts and behaviors that fit within these domains. These four areas are:

(a) legal criminal behaviour

(b) moral criminal behaviour

(c) social criminal behaviour

(d) psychological criminal behaviour.

Legal criminal behaviour or actions that are prohibited by the state and punishable under the law. Moral criminal behaviour refers to actions that violate the norms of religion and morality and are believed to be punishable by a supreme spiritual being, social criminal behaviour which refers to actions that violate the norms of custom and tradition and are punishable by a community and finally psychological criminal behaviour refers to actions that may be rewarding to the actor but inflict pain or loss on others.

Criminal behaviors have some psychological effects. One widely accepted theory is Edwin Sutherlands concept of differential association, which argues that criminal behaviour is learned in small groups. Psychiatrist believes crime results from emotional disorders, often stemming from childhood experience. The criminal symbolically enact a repressed wish, or desire and crimes such as arson or theft that results from pyromania and kleptomania are specific expressions of personality disorders.

According to a definition, crime is an act in violation of the law and the criminal is a person who does an act in violation of the law. There are five conceptions of crime given by different criminologists. They are::

1. Demonological
2. Legal
3. Sociological
4. Socio-legal

5. Psycho-sociological

(1) The earliest conception of crime was a demonological one long before formal governments came into existence. There were well-recognized offences which were considered to be harmful to the group. In civilized societies some people believed that willful persons are thinking on the devil's side and must be chastened.

(2) According to Michael and Adler, "Crime is that behaviour which is prohibited by the criminal code." Mr Miller viewed that "Crime is the commission and omission of an act, which the law forbids or commands under pain of punishment to be imposed by the state and no act is a crime however wrong it may seem to the individual conscience, unless it is prohibited by law."

(3) According to sociological conception, crime is an act which is socially harmful. It is a violation of conduct norms.

(4) The socio-legal conception is mixture of two conceptions that is legal and social and attempts to overcome their deficiencies and inadequacies.

(5) Psycho-socio-legal is a modern conception. It takes into account the intention, constitutional and acquired characteristics as well as early established reactive tendencies of the criminal who is affected both by biological and environmental factors.

Types of Criminals

Sutherland has described about two types of crimes. These are

(a) Felony

(b) Misdemeanour

Felonies are the more serious crimes for which a person can be imprisoned for a long period of time or sentenced to death. Misdemeanours are the less serious offences for which either a short-term confinement in a jail may be provided or a fine may be imposed.

Clinard and Quinney have discussed about six types of crimes. These are:

- a) Violent Personal Crime – It is based on the use of violence and is committed by a person who does not have earlier record of crime against him.
- b) Occasional Property Crime – This crime is violation of individual property rules.
- c) Occupational Crime – This crime is committed during the course of one's occupation with an economic motive.
- d) Political Crime – This is committed by an individual with vested political and economic interests.
- e) Public Order Crime – This crime is one in which an individual violates the rules of conduct in society.
- f) Conventional Crime – This is a crime in which an individual violates the sacred norms of individual property.

Besides the above kinds of classification, crimes are also classified as:

- a) White-collar Crime – It is committed by persons of high status with an economic motive.

- b) Professional Crime – It is a type of crime in which crimes are committed as a profession.
- c) Organized Crime – These types of crimes are committed in a planned way by a group of criminals.

CAUSES OF CRIMINAL BEHAVIOR

So far as the causes of criminal behaviour is concerned, all factors responsible for criminal behaviors are categorized under two broad heads:

- 1) General Factors
- 2) Specific Factors

In general factors we include:

- a) The physical or geographical factors
- b) The sociological factors
- c) Areal and Regional differences
- d) The factors of class, age, sex and race.

Specific factors include the biological and environmental factors. General Factors affect the community as a whole and not a particular individual.

(1) General Factors

- (a) Physical Factors – Mr Huntington has asserted that large proportions of persons born in winter will have low IQ's, will become criminals or suffer from insanity or tuberculosis. Lombroso has also tried to correlate geography, climate, seasons and weather to criminality.

- (b) Sociological Factors – It has been observed that frequency of crime was less in undisturbed, isolated, homogeneous, unchanging primary group societies such as primitive, tribes, folk communities, agricultural villages and religious sects than in people disturbed by change, impact, dislocation, migration etc. It must be pointed out that the relative amount of stability or instability is not offered as a cause of criminal behaviour.
- (c) Arial and Regional Differences in Crime – Crime varies in volume and form by area and regions. Areas and regions which have been compared are frontiers, political borders, intra urban areas, metropolitan regions, cultural regions and rural vrs urban communities.
- (d) The factors of class, sex, age, race etc – It has been asserted that crime varies in amount by population categories such as social class, age, race and nativity.

(2) Specific Factors

- (a) Biological Factors – Lombroso viewed that born criminals were supposed to possess a greater measure of anomalies than ordinary criminals, occasional criminals and criminals of passion. Some of the many anatomical and mental anomalies of the born criminals were: asymmetry of skull, low retreating forehead, strongly arched brows, large outstanding ears, sparse beard, tattooing, left-handedness, relative insensibility to pain, acuteness of vision, touch and hearing, lack of moral sense, violent temper etc. The significance of heredity is more marked in cases of persistent criminality. Dr Adolph Lenz

considers that heredity predisposition is one of the outstanding factors in the causation of the crime. The functioning of the glands was made a basic determiner of temperaments, intelligence character and personality as well as of physical and mental pathology. Mental disorders also causes to crime.

(b) Environmental Factors – Besides biological factors, environmental factors also play an important role in the causation of crime. Family conditions, broken home factor, size of the family, sibling position, lack of supervision or control over children, the companionship factor, community conditions, movies, overcrowding, economic conditions, the religious and other factors, exploitation of children by adults etc. are included under environmental factors.

REMEDIES

Crime can be prevented by treatment of criminals. Punished criminals are awarded imprisonment and kept in jails. Open jail facility for certain types of criminals were introduced in 1952 and now 24 open jails have been established in 12 states in India. Psychotherapy, Behavior therapy and counselling can also be used for the treatment and rehabilitation of criminals. Various methods of psychotherapy like group therapy, family therapy, reality therapy and individual and group counselling prove effective means of reducing crime. Psychodrama is a traditional group therapy which frees the criminals and delinquents from anxiety, worries, hostilities, experiences and emotional repressions.

4.10. MENTAL RETARDATION

Mental Retardation or general learning disability is a generalized disorder appearing before adulthood, characterized by significantly impaired cognitive functioning and deficits in 2 or more adaptive behavior. Mental Retardation was historically defined as an Intelligence quotient score under 70. Once focused entirely on cognition, the definition now includes both a component relating to mental functioning and one relating to individual's functional skills in their environments. As a result, a person with an unusually low IQ may not be considered mentally retarded. As of 2013, the term "mental retardation" is still used by the World Health Organisation in the ICD-10 codes which have a section titled "Mental Retardation (Codes F70 – F79). Till to-day, the term "Mental Retardation" is still sometimes used in professional medical settings around the world, such as formal scientific research and health insurance paperwork.

Instead, you might hear terms like "intellectual disability" or "developmental delay". But all these words mean basically the same thing. Someone who has this kind of problems will have trouble in learning and functioning in everyday life. This person could be 10 years old, but might not talk or write as well as a typical 10 year old human. He or she is also usually slower in learning other skills, like how to get dressed or how to act around other people, etc. Just like other health problems, an intellectual disability or "Mental Retardation" can be mild (smaller) or major (bigger). The bigger the disability, the more trouble someone will have learning and becoming an independent person.

4.9.1. CATEGORIES OF MENTAL RETARDATION

Categories or levels of Mental Retardation are defined by assessing IQ scores of the individual. Based on the scores achieved, the level of mental retardation is determined. These levels also help in determining the type of

support needed to help the individual to cope with. The following are the four categories of mental retardation.

1. MILD

The following criteria must be met with in order to dignose an individual with mild intellectual disabilities.

- Had an IQ between 50-70.
- Does not have any unusual signs.
- Takes slightly longer than normally expected in all aspects, such as he/she taken longer to learn how to talk and communicate.
- Is capable of independent self-care.
- Is capable of learning practical skills.
- Knowledge of reading, writing and maths skills are limited to grade 3-6.
- Is capable of social interactions, is communicative and conforms socially.
- Is capable of functioning in society.

2. MODERATE

The following criteria must be met with in order to diagnose an individual with moderate intellectual disabilities.

- Has an IQ between 35-49.
- Could have unusual physical signs.
- Is noticeably delayed in all aspects, such as speech, reading and writing.
- Is capable of grasping, simple communicative skills.
- Is capable of learning basic health, self-care and safety skills.
- Can perform simple activities and supervised tasks.

- Is capable of travelling unaccompanied to families/ places.

3. SEVERE

The following criteria must be met with in order to diagnose an individual with severe intellectual disabilities :

- Has an IQ between 20-34.
- Is noticeably motor impaired.
- Is significantly delayed in certain areas such as walking
- Has little or absolutely no communicative skills but has some ability to understand speech and respond to a small extent.
- Is capable of being taught daily and repetitive activities.
- May be taught to carry out simple self-care activities.
- Requires supervision and direction in social settings.

4. PROFOUND

The following criteria must be met with in order to diagnose an individual with profound intellectual disabilities.

- Has an IQ lesser than 20.
- Is significantly slower and delayed in all aspects.
- There is presence of congenital abnormalities.
- Needs to be supervised closely.
- Requires the care of an attendant.
- May respond positively to physical and social activities, if made to practice on a regular basis.

- Is incapable of performing self-care activities.

Around 3% of the American population suffer from some level of mental retardation. Such individuals can lead a better life with proper support, care and guidance from health care providers and family members.

4.9.2. HOW TO IDENTIFY PEOPLE WITH MENTAL RETARDATION?

The signs and symptoms of mental retardation are all behavioural. Most people with mental retardation do not look like they are affected with such, especially if the disability is caused by environmental factors such as malnutrition or lead poisoning.

Children with mental retardation may learn to sit up to crawl, or to walk later than other children or they may learn to talk later. Both adults and children with mental retardation may also exhibit some or all of the following characteristics :

- Delays in oral language development.
- Deficit in memory skills.
- Difficulty in learning social rules.
- Difficulty with problem-solving skills.
- Delays in development of adaptive behaviours such as self-help or self-care skills.
- Lack of social inhibitors.

Children with mental retardation learn more slowly than a healthy child. Children may take longer to learn language, develop social skills, and take care of their personal needs such as dressing or eating. In early childhood, mild intellectual disability (IQ 50-69) may not be obvious, and may not be identified until children begin school. They can learn self-care and practical skills, such as cooking or using the local mass transit system. As individuals with mental retardation reach adulthood, may learn to live independently and maintain gainful employment.

People with severe or profound mental retardation disability need more intensive support and supervision throughout their life. They may learn some activities of daily living. Some require full time care by an attendant also.

4.9.3. CAUSES OF MENTAL RETARDATION

1. Genetic causes

To-day more than 500 genetic causes associated with mental retardation many of them are biological conditions, have been identified. For example, fragile X syndrome is an inherited ability caused by a mutation on the X chromosomes, and it was identified as the most commonly known inherited cause of mental retardation affecting about 4,000 males and one in 8,000 females. It is believed that almost half of individuals with fragile X syndrome have coexisting autism. Many of these individuals also have repetitive speech patterns.

Another example of a genetic cause for mental retardation due to a chromosomal abnormality is Down's Syndrome, a chromosomal disorder wherein the individual has too few or too many chromosomes. The nucleus of each human cell normally contain 23 pair of chromosomes (a total of 46). In the most common

type of Down Syndrome trisomy 21, the 21st set of chromosomes contains 3 chromosomes rather than the normal pair.

2. Toxins and Pollutants

Poisons that lurk in the environment toxins, are both prenatal and postnatal causes of mental retardation, as well as of other disabilities. Many believe that the increased rates of attention deficit hyperactivity disorder, learning disabilities and even autism are due to some interplay of genetics, environmental factors and social factors. Clearly exposure to toxins harm children and are a real source of diabetes.

Here, there are two reasons why toxins deserve special attention.

1. Toxins exposures are preventable.
2. Toxins abound in our environment.

Mothers who drink, smoke or take drugs place their unborn children at serious risk for premature birth, low birth weight and mental retardation. One well recognized birth defects is fatal alcohol syndrome (PAS) which is strongly linked with mental retardation and results from mother's drinking alcohol during pregnancy. FAS is recognized by congress as the most common known cause of mental retardation.

Toxins abound in our environment.

All kinds of hazardous wastes are hidden in neighbourhoods and communities. One toxin that causes mental retardation is lead. Two major sources of lead poisoning can be pinpointed. One is exhaust fumes from leaded gasoline which is no longer sold. The other source is lead-based paint which is no longer manufactured.

3. Low birth weight

Low birth weight is a major risk factor for diabetes and is definitely associated with poverty, and with little or no access to parental care. Medical advances of the 1980s have greatly increased the likelihood that infants born weighing less than 2 pounds will survive. These premature very small infants make up less than 1.4% of all newborns and are at great risk for disabilities, including mental retardation. About 5% of white babies have moderately low birth weight between 10 to 12% of African-American babies are born early and have low birth weights.

4. Child Abuse and Neglect

Abused children have lower IQs and reduced response rates to cognitive stimuli. In one of the few studies of its kind, Canadian researchers compared abused children with those not abused, and the result of the abused became clear. The verbal IQ scores were very different between the two groups of otherwise matched peers. The abused children had an average total IQ score of 88, whereas the average overall IQ of their non-abused peers was 101 and and more than abuse, the lower the IQ score. Remember the connection between neglect and mental retardation has long been recognized and is part of the early history and documentation of this field.

5. Discrimination and Bias

It is important to remember that many subjective reasons account for students' placement in special education. There is little doubt that poverty and its risk factors are clearly linked with disabilities. It is also true that culturally and

linguistically diverse children are over-represented in some categories of special education. This situation is particularly true for Black students, who are almost three times more likely to be identified as having mental retardation than their white peers. Specifically, a definite relationship exists between poverty and 3 other factors ethnicity, gender and mental retardation. Many strategies can be undertaken to reduce mistakes in the identification process, including pre-referral intervention, appropriate and meaningful curricula and instruction anchored in culturally relevant examples.

4.9.4. PREVENTIVE MEASURES OF MENTAL RETARDATION

Many cases of mental retardation can be prevented by directly addressing the cause. For example, each year 9,000 cases of mental retardation are prevented via the measles and H1b vaccines. 1,250 cases via newborn screening for phenylketonuria (PKU) and congenital hypothyroidism, and 1,000 cases via the anti-RH immune globulin. Even more cases are preventable. Most of these strategies are simple and obvious, but the effects may be significant.

1. Overcoming Challenges

Although some conditions or causes of mental retardation cannot be prevented at least at the present time, the impact of the conditions can be reduced substantially. For example, we have seen that PKU is a genetic reason for mental retardation but that it takes factors in the individual's environment for damage to be devastating. Infant screening can detect the problem. Here how it works in a procedure developed by Robert Guthrie in 1957, a few drops of the newborn's blood are taken from the heel to determine whether the infant has the inherited genetic disorder that prevents metabolizing phenylalanine, a naturally occurring amino acid found in milk. This test, which costs 3 cents makes it possible to change any affected baby's diet before the disastrous effect of PKU can begin to mount. In the past, PKU was responsible for 1% of all severe cases of mental retardation.

2. Precautions during pregnancy

During pregnancy early prenatal medical care should be obtained. Regular genetic counseling should be given to the children's parents for a healthier baby. The pregnant mother should avoid alcohol, drugs and tobacco. She should not smoke too. A good nutritional diet is necessary for the pregnant mother. The pregnant mother should be very careful and should take precautions when injuries

and accidents take place. During pregnancy sexually transmitted diseases should be strictly avoided.

3. Regular immunization programmes

The importance of immunization programmes to protect children and their mothers from disease cannot be overemphasized. The incidence of disabilities, including mental retardation has been greatly reduced by immunization against viruses such as rubella, meningitis and measles. However, immunization is still not provided universally. Despite more federal and state programmes to assist families in protecting their children only some 78% of 2 year olds had received all recommended immunizations in 2002.

4. Education and access

Education and access are at the heart of many preventive measures. For example, education about the prevention of HIV/AIDS can be effective with all adolescents, including those with mental retardation. Public education programmes can also help pregnant mothers understand the importance of staying healthy. Other preventive strategies involve testing the expectant mothers analyzing the risk factors of the family and taking actions when necessary, screening infants, protecting children from diseases through vaccinations, creating positive nurturing and rich home and school environments, and implementing safety measures.

5. Importance of prenatal care

People must not underestimate the importance of prenatal care. For example, FAS and FAE are 100% preventable. Pregnant mothers who do not drink

alcohol prevent this condition in their children. Staying healthy also means taking proper vitamins and eating well and there are good examples of why this is essential. For example, folic acid reduces the incidence of neural tube defects. By eating citrus fruits, dark leafy vegetables, one receives the benefits of folic acid – a trace B vitamin that contributes to the prevention of conditions such as spine bifida and anencephaly.

4.9.5. DISORDERS RELATING TO MENTAL RETARDATION

1. Down's syndrome

English physician John Langdon down first characterized Down Syndrome as a separate form of mental disability in 1862 and in a more widely published report in 1866.

Down's Syndrome is also known as trisomy 21, is a genetic disorder caused by the presence of all or a part a third copy of chromosome 21. It is typically associated with physical growth delays, characteristic facial features and mild to moderate intellectual disability. The average IQ of a young adult with Down's Syndrome is 50, equivalent to the mental age of an 8 or 9 years old child, but this arises variedly. Down Syndrome can be identified during pregnancy by prenatal screening followed by diagnostic testing or after both by direct observation and genetic testing. Down Syndrome is the most common chromosome abnormality in humans occurring in about 1% in 1000 babies born each year. It is named after John Langdon Down, the British doctor who fully described the syndrome in 1860.

2. Phenylketonuria

Phenylketonuria was discussed by the Norwegian physician Ivar Asbjorn Folling in 1954 when he noticed hyperphenylalaninemia (HPA) was associated with intellectual disability. Phenylketonuria (PKU) is an autosomal recessive metabolic genetic disorder characterized by homozygous or compound heterozygous mutations in the gene for the enzyme phenylalanine hydroxylase (PAH), rendering it non-functional. Thus, enzyme is necessary to metabolize the amino acid phenylalanine (Phe) to the amino acid tyrosine (Tyr). Untreated PKU can lead to intellectual disability, seizures, and other serious medical problems. The mainstream treatment for classic PKU patients is a strict PHE – restricted diet supplemented by a medical formula containing amino acids and other nutrients. As an autosomal recessive disorderly two PKU alleles are required for an individual to exhibit symptoms of the disease.

3. Cretinism

Cretinism was especially common in areas of southern Europe around the Alps and was described by ancient Roman writers and often depicted by medieval artists.

Cretinism is a condition of severely stunted physical and mental growth due to untreated congenital deficiency of thyroid hormones usually due to maternal hypothyroidism or it is a condition of severely stunted physical and mental growth due to untreated congenital deficiency of thyroid hormones due to maternal nutritional deficiency of iodine. The term cretin is a medical term which describes a person so affected with the condition, but as with words such as lunatic and

spastic. Cretin became a medical term in the 18th century, from an Alpine Fresh Dialect, it saw wide medical use in the 19th and 20th centuries.

4. No.18 Trisomy Syndrome

No.18 Trisomy Syndrome is also known as a Edwards syndrome is a chromosomal disorder caused by the presence of all, or a part of an extra 18th chromosome. This genetic condition almost always results from nondisjunction during meiosis. It is named after John Hilton Edwards, who first described the syndrome in 1960. It is the second most common autosomal trisomy, after Down's Syndrome, that carries the term.

Edward Syndrome occurs in around one in 6000 live birth and around 80% of those affected are females. The majority of fetuses with this syndrome die before birth. The incidence increases as the mother's age increases. The syndrome has a very low rate of survival, resulting from heart abnormalities, kidney malfunctions and other internal organ disorders. The average maternal age for conceiving a child with this disorder is 32 ½.

5. Niemann-Pick's disease

Albert Niemann published the first description of what is now known as Niemann-Pick disease, types A, B, C and also contained type D, also called as the "Nova Scotian type. Niemann – Pick disease refers to a group of inherited severe metabolic disorders that allow sphingomyelin to accumulate in lysosomes, which are organelles in animal cells. The severe form is fatal in toddlerhood, people with milder forms may live into their teens or young adulthood. This disease involves dysfunctional metabolism of sphingolipids which are fats found in cell membranes.

So, it is a kind of sphingolipidosis. Sphingolipidoses, in turn, are included in the larger family of lysosomal storage diseases (LSDs).

6. Twiner's Syndrome

This syndrome is named after Henry Turner, an endocrinologist from Illionosis, who described it in 1938. In Europe, it is often called Ulbrich-Turner Syndrome or even Bonnevie-Ulbrich Turner Syndrome.

Turner's Syndrome or Ulbrich Turner's Syndrome, 45, X encompasses several conditions in human females, of which monosomy X (absence of an entire sex chromosome) is most common. It is a chromosomal abnormality in which all or part of one of the sex chromosomes is absent or has other abnormalities. In some cases, the chromosome is missing in some cells but not others, a condition referred to as mosaicism or "Turners mosaicism". There are characteristic physical abnormalities which affect many but not all people with Twiner Syndrome such as short stature, swelling, broad chest, low hairline, low-set ears and webbed necks. Girls with Turner's Syndrome typically experience gonadal dysfunctions which results in amenorrhea, and sterility.

4.9.6. HELPING THE MENTALLY RETARDED

1. Views and Principles

Independent of whether the person has mental retardation, mental illness, or both, we must bring to the situation a set of values and principles. They form the foundation of our construct, services and supports have grown dramatically in the

past 20 years. Despite this significant growth, person with dual diagnosis have seldom been fully supported. Quality must be built in from onset.

The first core principle is informed choice. The essence of true choice comes from having a variety of options. The second principle is empowerment.

Empowerment is something we can grant to individuals with mental retardation and mental illness, rather it is their inherent right. As a third principle, inclusion is a right of all people. It is important for people with mental retardation and mental illness to be integrated in the community to maximize their opportunities for growth. The fourth principle is responsive and flexible support. The supports needed to be comprehensive and as intensive as the person needs.

2. Assessment Skills

We need to develop a good set of assessment skills if we are to effectively support persons with mental retardation and mental illness. This is our second thread. We need to expand our concept of the functional analyses. This expansion needs to be bio-psychosocial in breadth and contextual and functional in depth. When assessing people, we must be willing to look for the biological causes of behaviours before all else. We must always look first at the cause of behavior and then we can only investigate psychological and socio-environmental influences. As a part of the assessment, we should look at how a person communicates with their environment every now and then.

3. Viable Treatment Approach

This treatment should reflect the assessment plan, it must be comprehensive in nature and involve all the transdisciplinary players. It must involve the individual and must never lose its consumer focus. Recent advances in medicine and neuropharmacology have bought the team to rely too heavily on the medicines being prescribed. There are substantial gains in the field of biological psychiatry, but there is not silver bullet that will cure a person independent of all the components of the support plan. Prescription of medicines is a science. It is also an art. There is “no one size fits all” treatment that is effective for every person with both illness and mental retardation. Person with poor verbal communication skills depend on staff an family to communicate. Positive approaches and a person centered philosophy have helped individuals immensely in enjoying a wider life.

4. Consumers and Staff Oriented

The thrust towards a person-centered orientation has greatly enhanced our ability to support persons with poor reputations in the community. As science advances with synthesizing specific medications for particular disorders, the rest of the field must reassess and re-design specific staff programmes for staff who work with individuals mental illness and mental retardation who also display challenging behaviours. We must provide competency – based training and consultation along the way. We must pay attention to other psychosocial needs of staff and by prepared to meet them with flexible work schedules, respite assistance and non-blaming perspectives. Mental illness is an equal opportunity affliction, and we must be prepared to assist persons with disabilities and staff with precepts of prevention.

5. Diversion and Acute Capacity

Our ability to provide support to individuals in crisis is the final thread in our therapeutic tapestry. This capacity known as “division” involves supporting the person in their own home. This can be accomplished through counseling, support to staff and if necessary by assisting the individuals by bringing in more specially trained staff. The goal of these “diversions” must be zero inpatient hospitalization. If all of these fails, then our goal must be to make the hospitalization as effective as possible while reducing the stay to the minimum. This requires increased expertise on the inpatient side and better capacity on the community side.

4.9.7. EDUCATING THE METALLY RETARDED

1. Use visual aids :

According to mental health not lengthy verbal instruction and lectures have limited appeal for almost all students, and are particularly ineffective in teaching a mentally retarded child. Instead, mental health net advises incorporating plenty of visual stimuli such as charts, drawings and models. You can also use charts to track a child’s educational or behavioural progress.

2. Use hands-on demonstrations :

Mentally challenged children may have difficulty in grasping abstract concepts, noted mental health net, so it is the best to find ways to engage them in a sensory way. For example, explaining gravity verbally to a mentally challenged child will likely be confusion, instead give him a book and let him drop it. This type of first hand visceral understanding is more likely to be retained.

3. Use of flexibility with tasks or assignments

For example, if your parents helping your child with homework and she is struggling, do not become mired in the details. The goal here, education . com says is to learn to work with your child’s unique strengths to accomplished tasks, even if your methods are unorthodox.

4. Break Information or tasks down in smaller parts

Mental help advises that mentally challenged children can become overwhelmed if too much information is presented to them all at once. It is more helpful to break a task or a lesson down into steps. Once the child masters or completes one step, you can move on to the next.

5. A teaching strategy is to provide direct and immediate feedback

Individuals with ID require immediate feedback. This enables them to make a connection between their behaviours and the teachers response. A delay in providing feedback makes it difficult to form connection between cause and effect. As a result, the learning point may be missed.

6. Special Education Schools

According to the enforcement regulations of the Act of Special Education announced in 1998, special education schools in principles enroll moderately seriously – handicapped students of the same category with the school named according to its category. Therefore, there are schools for the mentally challenged, visually impaired and hearing impaired schools, comprehensive schools for the handicapped and other experimental schools.

4.9.8. THERAPEUTIC APPROACHES FOR MENTAL DISORDER

Psychopathologists are interested in finding out the causes of psychological disorders and the causes of deviant behavior. Throughout history, in all ages and in all cultures people have tried to understand such behavior. Before the age of scientific inquiry, all good or bad manifestations of power beyond the control of human kind – such as earthquakes, storms, sickness, epidemics and even the passing of seasons, etc..

Therefore, in order to treat the disordered persons they were trying to cast out the evil spirits by ritualistic chanting or torture. This process of casting out the devil from within the person is called as exorcism.

In the Atharva Veda (about 2000 B.C.) one can find reference to psychological disorders. According to Atharva Veda, there are three physical *gunas* as *Sattva*, *Rajas* and *Tamas*. Psychological disorders stem from the excessive indulgence and predominance of *Tamas* guna over *Sattva* and *Rajas* *gunas*.

After Freud, learning theorists and behaviorists like Watson (1878-1958) and Skinner (1904-1994) and many others established that maladaptive behavior is caused by faulty learning.

4.9.9 FACTORS RESPONSIBLE FOR MENTAL HEALTH

Biological Factors :

The biological model proposes that psychological disorders have a biological or medical cause. This model explains that disorders such as anxiety, depression, and schizophrenia are caused by genetic problems, chemical imbalances, brain damage and dysfunction or some combination of these causes.

Likewise, transmission of faulty genes from parents to children lead to different types of psychological disorders. It has been found that schizophrenia and manic-depressive psychosis have strong genetic bases. Similarly, Down's Syndrome which is a severe form of mental retardation occurs due to chromosomal aberrations where one extra gene is observed in the 21st pair of the chromosomes. However, despite many promising research observations, there are still many

unknown facts about the connections between human physiology, genes and psychopathology.

Psychological Factors :

There are several psychological models that attempt to explain psychological disorders as the result of various forms of emotional, behavioral and thought – related or cognitive malfunctioning.

1. The psychodynamic model holds that the causes of psychopathology are forces inside the person. The pioneers of this model was Sigmund, Freud and his followers who explained that behavior disorders result from repressing or hiding one's threatening thoughts, memories and concerns into the unconscious mind. (Carducci,1998).For example, a woman has an unconscious wish for keeping physical relation with her brother-in-law. She may be found to develop an abnormal behavior of washing her hands many times a day to symbolically rid herself of the dirty wishes. Freud explained that this compulsive behavior represents an escape from the undesirable repressed thought.

2. The behaviorist model – holds that behavior disorders are learned just like normal behavior and it is acquired in the same fashion as healthy behaviors are learned and maintained through reinforcement. For example, when Rita was a small child, one day a spider dropped on her head, causing Rita scream and react with fear. Her mother came running and soother her giving lots of attention. Another day, Rita saw a spider again and screamed. This time also her mother came running and gave her attention and care. This became a reward for her. Thus, Rita's screaming behavior and fear reaction was rewarded every time she saw a spider.

The behaviorists like Pavlov and Watson would say that Rita's fear was classically conditioned to occur to the mere sight of the spider or even the word spider.

3. The cognitive model – holds that psychological disorders stem from a faulty way of our cognitive processing, i.e., the way we perceive or think about ourselves and our relations with other people and environment. Psychological problems are the result of distortions in the reality of a situation or of ourselves, faulty reasoning, or poor problem solving.

4. The socio-cultural model – holds that the social and cultural factors have an important learning in causing psychological disorders. However, these disorders vary greatly across cultures in terms of their frequency, severity and precise form. For example, depression is more common in western countries than Asian countries.

Thus, we found that psychological disorders are not caused due to a single factor.

4.9.10.TREATMENT OF MENTAL DISORDERS

It has been observed and experienced that abnormal behavior causes people significant distress, causes them to harm themselves or others or harms their ability to function in daily life. Therefore, there is a great need to help these people suffering from psychological disorders so that they would feel better and adjust with their environment better.

Treatment methods that aim at making people feel better and function more effectively is called as therapy.

There are two groups of therapy :

- (i) Bio-medical therapies**
- (ii) Psychological therapies**

Psychotherapy

Psychotherapy is an approach for treating mental disorders through psychological methods in which a person with a problem talks with a psychological professional.

Psychoanalysis

This method was developed by Sigmund Freud. In this method, patients talk not only about their immediate problems, but about the dreams and the memories of their childhood.

Intensive analysis of these dreams and memories would provide the patient an insight into the unconscious reasons of his symptoms and unhappiness. Freud talked about four important aspects of psychoanalysis as mentioned below :

(i) Free Association

In psychoanalysis the client meets the therapist several times a week for a year or two. In each session, the patient lies on a couch with the therapist sitting out of his view and keeps telling whatever comes to his mind. This is called free association. The therapist listens to his patients carefully and encourages them to speak more. By doing this, the unfulfilled and buried wishes (conflicts) of the unconscious would eventually come in conscious. Now, the therapist helps the patients to solve them in the light of his present and matured understanding. It would gradually lead to clearing of symptoms in the patient.

(ii) Dream interpretation

It constitutes a large part of Freud's psychoanalytic method. He believed that repressed materials are often surfaced in dreams in symbolic forms. The actual contents of the dreams the patient saw are the manifest contents, which do not appear clearly meaningful to a common man. The source of the manifest content is a latent content of his dream by meaningfully analysing the manifest contents.

(iii) Analysis of resistance

Resistance is a point at the time of free association where the patient becomes unwilling to talk about certain topics saying them as unimportant or out of context. Freud believed that resistance means the patient is feeling uncomfortable because the conversation is leading to some sensitive repressed materials. Resistance needs to be broken so that better insight can be developed into the patient's problem and treatment becomes easy.

(iv) Analysis of transference

Transference is a tendency of a patient or client to project his positive or negative feelings of the past for important people such as parents onto the therapist. This reaction may be in the form of hostility, dependency or exhibition of over-affection to the therapist. The ill effect of undesirable early relationships may be counteracted in the therapeutic setting by analysing these transference relationships. The resolution of transference is an essential aspect of the success of psychoanalysis.

Some controversial concepts like id and sexuality are being less focussed in the modern psychodynamic methods of treatment.

Behaviour Therapy

Several therapies have been developed by the behaviourists, which are based on the principles of learning and reinforcement. The behaviour which is learned can also be unlearned or modified. Thus, behaviour therapy which is also known as behaviour modification therapy or applied behaviours analysis was the learning techniques to modify or change undesirable behaviours and increase the occurrences of desirable behaviours. There are several techniques of behaviour modification which followed either the processes of classical conditioning or the methods of instrumental conditioning.

Systematic desensitization, Aversion therapy, and flooding are significant techniques of behaviour modification based on classical conditioning procedures.

(i) Systematic de-sensitization

It is used to treat phobias. In this method, the client is asked to make a list of things that he fears in a hierarchy. Then he is trained to relax when his fear – objects are presented to him in the same hierarchical order. The relaxation training is usually conducted by pairing the fear-objects with pleasant ones. In this process, the client gets systematically desensitized, to the phobic object.

(ii) Aversion Therapy

In aversion therapy, an undesirable behaviour is paired with an aversive stimulus which compels the client to reduce the frequency of the undesirable behaviour. In such a process, a reduced behaviour habit is created in the client ultimately resulting in the elimination of the undesirable behaviour.

(iii) Flooding

In flooding, which is also used for the treatment of phobia and other stress disorders, the client is rapidly and intensely exposed to fear provoking stimuli or

objects and is prevented for making the usual avoidance or escape responses. But such methods are risky and should be used very carefully.

Behaviour modification therapies based on instrumental conditioning are reinforcement, extinction, bio-feedback and modelling. These techniques are used to reduce the frequency of undesirable behaviour and increase the frequency of desirable behaviour.

A. Reinforcement

This is something that increases the probability of response strength. In this method, an undesirable technique is eliminated by either pairing it with a negative reinforcement or by establishing a counter of the undesirable behaviour through a positive reinforcement.

B. Extinction

Withdrawal of reinforcement from a situation will naturally lead to extinction of the behaviour. The extinction process is commonly followed where the reinforcer is removed from the situation when the undesirable behaviour occurs.

C. Bio-feedback

The importance of the autonomic nervous system is the development of abnormal behaviour has been recognized. In this type of treatment, the person is taught to influence his or her own physiological processes through conditioning. The steps required are :

- (a) Monitoring the physiological response that is to be modified.
- (b) Converting the information to a visual or auditory signal.

(c) Providing the means of prompt feedback (reinforcement).

This, bio-feedback reduced the reactivity of some organ system by bringing it to the voluntary control of the A N S.

D. Modelling

This is a system through which we learn and observe the imitation of a valued person. A therapist usually plans the activities of the model and encourages the client by systematically reinforcing his to imitate the model.

Cognitive therapies

Cognitive therapies aim at helping patients to change their ways of thinking. According to the cognitive therapists, maladaptive behaviour results from distorted thinking and unrealistic beliefs. Therefore, the therapist helps the patient to recognize the thoughts which are distorted and negative and replace them with more positive and healthy thoughts.

Cognitive psychology was developed from behaviourism. So there are some cognitive therapies which have common elements with behaviour therapy. One such therapy is called as Cognitive Behavioural Therapy (CBT). The goals of CBT are to relieve the client from the present symptoms through solving his problem.

Albert Ellis (1997) has proposed a procedure of CBT which he called rational-emotive behaviour therapy. It is a directive therapy in which the therapist challenges the client's irrational beliefs, often arguing with him and even assigning him with home work to counter his irrational beliefs.

Now-a-days CBT is extensively used in treating depression stress disorders and anxiety.

Humanistic Therapies

Humanistic therapies focus on the consciousness and the subjective experiences of emotion as the basic references of treatment of a client. People's sense of self and their immediate and recent experiences of life are given more importance in providing them with appropriate methods of treatment.

Among the humanistic therapy Carl Rodger's Non-directive or client-centred therapy is very popular. This therapy is person-centred as it focuses on the client and is non-directive as the therapist does not give any directions to the patient. The therapist allows the patient to talk about his problems and provides him with a supportive background so that he feels easy, confident and outgoing.

There are four basic elements of non-directive therapy. These are :

- (a) Reflection of the client's statements by the therapist.
- (b) Unconditional positive regard given to the client by the therapist.
- (c) The empathy of the therapist for the client.
- (d) The authenticity of the therapists' in the client's perception.

In this therapy the primary focus is on the person's awareness of himself as a valuable person, identification of his real talents and positive self-concept. However, in this therapy, the client himself does everything and develops an insight into his problems.

The Group Therapy

There are some occasions where people say "why not me?" and sometimes say "why only me?". These situations may create tensions or frustration because

having being ignored for a particular work and in the second situation, a person is put in a group who has alike problems.

Coleman speaks about the “Didactic Group Therapy” in which formal lectures and visual materials are presented to a group of clients. There are many Group Therapy Programs, psycho drama and role playing techniques are used effectively and efficiently.

The Family Therapy

Family Therapy is very much popular in Europe and in other developed countries. In Family Therapy, the entire family is treated as a client. The aim of this therapy is to redefine the role of each family member. In every family, there is a „soul decider“. He may be the father or the grand father in case joint families. All the children and juniors are taught to respect him.

There is also Couple Therapy where both the partners are called for the training session. Here male dominance is seen in the society whereas a female is taught to act in a particular behavior as it is a male dominating society. All family therapies have to be administered with great care.

The above mentioned therapies have been used successfully with patients of mental disorders. Sometimes these therapies are used in combination with medical treatment to treat severe and chronic mental disordered patients.

MEDICAL TREATMENT

There are three types of medical treatment options which draw our attention. These are (a) Drug therapy, (b) shock therapy and (iii) surgical treatment. These three therapies include the use of drugs, convulsions and surgery, respectively to relieve or control the symptoms of mental disorders.

(i) Drug Therapy

The following varieties of drugs are used for the treatment of different kinds of mental disorders :

- (a) Antipsychotic drugs are used to control delusions, hallucinations and bizarre behavior. These drugs are neuroleptics, atypical neuroleptics, and partial dopamine agonists.
- (b) Anti-anxiety drugs are used such as benzodiazepines and anti-depressant drugs to treat anxiety disorders.
- (c) Anti-manic drugs are used to treat bipolar disorders, lithium and anticonvulsant drugs.

(ii) Electro-convulsive Therapy (ECT)

In this method of therapy, a small amount of electricity is passed through the clients" body to induce convulsion. The convulsion smoothens the electrical behaviour of the neurons in the brain and thereby abnormal behaviour symptoms are, to a great extent, reduced. This is used to treat severe depression bipolar disorder and schizophrenia.

(iii) Psychosurgery

This is a biomedical method of treatment which involves cutting into the brain to remove or destroy parts of brain tissues or tumours which seem to produce the abnormalities in the behaviour of the patient.

The described medicines/techniques should be applied only by clinicians and under supervision. Because these medicines/techniques have some side-effects.

4.11. ROLE OF A SOCIAL WORKER IN PROMOTING THE HEALTH OF A MENTALLY RETARDED

1. Prevention aims to reduce the incidence of disease or dysfunctions in a population through modifying stressful environments and strengthening the ability of the individual to cope. Prevention involves the promotion and maintenance of good health through education attention to adequate standards for basic needs and specific protection against known risks. Some preventive activities include public and client education regarding emotional self-care and healthy relationships.

2. Treatment aims to reduce the prevalence (number of existing cases) of the mentally retarded and include early diagnosis, intervention and treatment. In mental retardation treatment activities are focused on individuals experiencing acute psychiatric symptoms, emotional trauma stress, family and group counseling social work uses relationship as the basis of all interventions.

3. Rehabilitation aims at reducing the after effects of disorder or dysfunction and involves the provision of services for re-training and rehabilitation to ensure maximum use of remaining capacities by the individual.

4. Teaching Sessions special schools and institutions, workshops, conferences and professional in services.

5. Direct services to mentally retarded patients, couples, families and groups in the form of therapies, counseling, coordination of resources, etc.

6. Supervision and consultation clinical supervision / consultation maintaining quality and management and reviews of other social works involved in mental retardation.

1. Program, policy and resource development – Analysis, planning, establishing standards.

4.12. LET US SUM UP

- Disorders are generally defined by a combination of how a person feels, acts, thinks and perceives.
- The symptoms of mental disorder are depression, anxiety, bi-polar disorder, psychotic disorder, drug induced psychosis.
- The causes of mental disorder are genetics, parental damage, infection, disease and toxins, poverty, environmental and stress factors and poor parenting, abuse and neglect.
- Treatment for mental disorder or antipsychotics, antidepressants and few other therapies.

- A person who leads a common day-to-day life with no inconsistencies would be of normal behavior but on the other hand, someone who is abnormal is someone who leads an outgoing, odd and not a common day-to-day life.
- There are two widely established systems that classify mental disorder – (a) mental and behavioural disorder, and (b) the diagnostic and statistical manual of mental disorders.
- Neurosis is a class of functional mental disorder involving distress but neither delusions nor hallucinations whereby behavior is not outside socially acceptable norms.
- Anxiety neurosis are a group of mental disorders characterized by feelings of anxiety and fear. These feelings may cause physical symptoms.
- Phobia is an irrational and persistent fear of something which might be an object or situation.
- Various types of antidepressant tranquillisers, beta blockers and different types of medications are used for the treatment of phobias.
- Obsessive compulsive neurosis is a type of mental illness that causes repeated unwanted thoughts. The obsessions or compulsions usually take up a lot of time more than one hour a day.
- For treating obsessive compulsive neurosis there are different behavioural therapies. Different support groups, medications like SSRIs and deep brain stimulation.

- Schizophrenia may be defined as a complex disorder, or a cluster of disorders characterized by fragmentation of basic psychological functions.
- There are five types of schizophrenia – disorganized, catatonic, paranoid, undifferentiated and residual.
- Treatments for schizophrenia are medication, hospitalization, transcranial magnetic stimulation and electroconvulsive therapy.
- Manic depressive psychosis is also known as bi-polar or affective psychosis, is a mental illness characterized by periods of elevated mood and periods of depression.
- The treatment for manic depressive psychosis is medication, psychological help and other medicines.
- Psychosis is a generic psychiatric term for a mental state involving the loss of contact with reality, causing the deterioration of normal social functioning whereas neurosis on the other hand, is a general term referring to mental distress that unlike psychosis does not prevent rational thought or daily functioning.
- Psychopaths are extremely manipulative, they lack emotions, they have disruptions in their speech, do not accept responsibility for their actions, they rarely have long term goals, they are impulsive and irresponsible.

- The general causes of psychopath are genetic factors, environmental factors, biochemical factors etc.
- The treatment of psychopath are medical help or treatment, legal help or treatment.
- There are some alarming psychopathic behaviours. They are juvenile delinquency, prostitution, drug addiction and criminality.
- Mental retardation or general learning disability is a generalised disorder appearing before adulthood, characterized by significantly impaired cognitive functioning and deficits in two or more adaptive behaviour.
- The categories of mentally retarded people can be divided into four subdivisions. They are; a) mild, b) Moderate, c) Severe, d) Profound type.
- People with mental retardation have delay in oral speech, deficits in memory skills, difficulty with problem learning skills and lack of social inhibitions.
- The causes behind mental retardation are genetic factors, toxins and pollutants, low birth weight and child abuse and neglect, discrimination and biases.
- Preventive measures of mental retardation are overcoming challenges, precautions during pregnancy, regular immunization programs, education and access and importance of parental care.
- The few disorders related to mental retardation are Down's syndrome, Cretinism, Phenylketonuria, No.18 trisomy syndrome, Nieman's Picks' disease and Turner's syndrome.

- We can help the mentally retarded by various views and principles, assessment skills, viable treatment approach.
- The mentally retarded should be made educated by motor development, language development, daily activities, behaviour management, dealing with difficulties, teaching of subjects and instruction and functional strategy.
- The role of a social worker in promoting the health of a mentally retarded by prevention, treatment, rehabilitation, teaching sessions, direct services, supervision, consultation and programs, policy and resource development.
- There are numerous factors responsible for mental disorders. These factors are broadly categorized into : biological factors, psycho-social, cognitive and socio-cultural factors.
- There are various therapies that have been used to treat mental disordered persons.
- These different therapies are : psychodynamic therapy, behaviour therapy, cognitive therapies, humanistic therapies, systems approaches, group therapies and family therapies.
- Three different types of medical treatment like drugs, electro therapy and psycho-surgery have been provided to mental disordered people.

- Different therapies and medical treatment are given either individually or in combination according to the need and situation of the mentally disordered individual.

4.13. KEY WORDS

Mental Disorder, Normal, Abnormal, Mood disorder, Bi-polar Disorder, Personality Disorder, Eating Disorder, Sleeping Disorder, Factitious Disorder, Psychosis, Neurosis, Anxiety Neurosis, Phobia, Social Phobia, Specific Phobia, Agoraphobia, Explosive Therapy, Practice Flooding, Obsessive Compulsive Neurosis, Schizophrenia, Delusions, Hallucinations, Manic Psychosis, Psychopath, Severe Mental Retardation, Juvenile delinquency, Profound Mental Retardation, Repeat offenders, Toxins & Pollutants, Age-specific offenders, Low Birth Weight, Prostitution, Child Abuse & Neglect, Drug addiction, Down's Syndrome, Criminality, Phenylketonuria, Felony, Cretinism, Misdemeanour, No.18 Trisomy Syndrome, Mental Retardation, Niemann-Pick's Disease, Mild Mental Retardation, Turner's Syndrome, Moderate Mental Retardation, Assessment Skills, Viable Treatment Approach. Mental Disorder, Psychodynamic Model, Behaviourist Model, Cognitive Model, Socio-cultural Model, Psychotherapy, Psychoanalysis, Free-association, Dream-Interpretation

4.14. CHECK YOUR PROGRESS

Q.1. What do you mean by Mental Disorders? Mention its symptoms, causes and treatment?

Q.2. Explain the concept of "Normal vs. Abnormal" - briefly.

Q.3. Briefly classify the mental disorders?

Q.4. What do you mean by Neurosis – Psychosis? What are its symptoms, causes and treatment?

Q.5. What do you mean by Anxiety Neurosis?

Q.6. What is Phobia? What are its causes and treatments?

Q.7. What is OCD? What are its causes and treatment?

Q.8. What is schizophrenia? Name some types of schizophrenia?

Q.9. What are the symptoms, causes and treatment of Schizophrenia?

Q.10. What do you mean by Manic Depressive Psychosis? What are its causes and treatment?

Q.11. Explain the difference between Psychosis and Neurosis?

Q.12. Define Psychopath. Discuss the general characteristics of a psychopath.

Q.13. Describe the general causes of psychopathic disorder.

Q.14. Define Juvenile delinquency. Discuss the causes of juvenile delinquency.

Q.15. What do you mean by drug addiction? Describe the symptoms of a drug addict.

Q.16. What is crime? Discuss the different factors responsible for crime.

Q.17. Discuss the different conceptions of crime.

Q.18. What do you mean by Mental Retardation ? Classify the different categories of Mentally Retarded ?

Q.19. How do you identify a mentally retarded person ?

Q.20. What are the general causes of Mental Retardation ?

Q.21. What are the preventive measures of Mental Retardation ?

Q.22. What are the disorders relating to Mental Retardation?

Q.23. How can we help the mentally retarded?

Q.24. What are the measures used for educating the Mentally retarded?

Q.25. What is the role of a social worker in promoting health of mentally retarded?

Q.26. Define Psychopath. Discuss the general characteristics of a psychopath.

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Q.29. What do you mean by drug addiction? Describe the symptoms of a drug addict.

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Q.31. Discuss the different conceptions of crime.

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Q.35. What are the preventive measures of Mental Retardation ?

Q.35. What are the disorders relating to Mental Retardation ?

Q.36. How can we help the mentally retarded ?

Q.37. What are the measures used for educating the Mentally retarded ?

Q.38. What is the role of a social worker in promoting health of mentally retarded ?

Q.39. Define mental disorder. Discuss the different factors responsible for mental disorders.

Q.40. Describe psychodynamic therapy used for treatment of mental disorder.

Q.41. Explain different Behaviour therapies used for treatment of mental disorders.

Q.42. Discuss Cognitive therapies and Humanistic therapies as used to treat mental disordered persons.

Q.43. Write short notes on the following

: (a) Systems approach

(b) Family therapy

(c) Group therapy