



**Development of a Questioner
to
Analyse Mental Disorders**

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1 – Introduction

Pathological mental conditions, abnormal behaviour or mental disorders have the same meaning. Mental disorders are influenced both by the biological factors and psychological factors. It depends on several factors such as the society and the culture that a person lives in and the time of an action and what leads to that action.

Sociocultural factors play an important role in mental disorders and it has been found that social variables such as poverty, unemployment, inferior education, prejudice and cultural traditions tend to influence such disorders.

It has also been found that (in diathesis stress model) individuals show varying degree of vulnerability because of the genetic factors, early traumatic experiences and specific personality traits.

On the other hand some of the symptoms are common for several mental disorders.

Considering all above factors, correctly identifying whether a patient is having any abnormal behaviour or not and if so, determining the type of abnormal behaviour he/she is having is a complicated task.

1.1 Objective

The objective is to develop a questioner that can be used as a diagnosis tool to assess and identify any mental disorders in individuals of a mixed population (with different; age levels, genders, environments, social and cultural factors).

Note:

This questioner focuses mostly on identifying and classifying individuals in to broader categories of mental disorders. This does not try to pin point and identify what is the exact disorder an individual is experiencing. For such analysis larger number of specific questions is needed and physical or medical tests may also need to be conducted.

1.2 Rest of the Report

Chapter 2 lists set of questions that can be used to gather relevant information from an individual which will be useful in diagnosing any major mental disorders. Next chapter describes how the questions given in chapter 2 can be used to identify different pathological conditions based on the responses given by the patient. Chapter 4 which is the discussion analyse the success or the

failure of the given tool (i.e. questions) and how it can be further improved. Annex – A is an introduction on mental disorders and their categories.

2 – Questionnaire

Flowing questions can be used to diagnose whether a patient is experiencing any mental disorders. These questions are written in a style that, the patient is expressing him/her self rather than asking direct questions using words such as why, why did you, when, where, etc.

1. My gender is:
 - (a) Male
 - (b) Female

2. My age is between:
 - (a) 1 – 15 years
 - (b) 16-30 years
 - (c) 30 to 55 years
 - (d) Above 55

3. The environment that I spend my childhood was:
 - (a) highly unsupportive (include poverty, large family size, hazardous environment, noisy, etc.)
 - (b) unsupportive
 - (c) moderate (i.e. things were just ok)
 - (d) supportive
 - (e) highly supportive (include good family support, social relationships, friendly, open minded, etc.)

4. In my childhood I had repeated conflicts with my parents, teachers or other adults.
 - (a) All the time
 - (b) Sometimes
 - (c) Rarely
 - (d) Never

5. I feel that I am overweight/underweight?
 - (a) Strongly agree
 - (b) Agree
 - (c) Not concerned
 - (d) Disagree
 - (e) Strongly Disagree

6. My weight is _____ Kilograms.

7. My height is _____ meters.

8. I find it harder to eat.
 - (a) Strongly agree
 - (b) Agree
 - (c) Disagree
 - (d) Strongly disagree

9. I feel unhappy.
- (a) All the time (b) Some times (c) Rarely (d) Never
10. I don't enjoy talking to people, eating, involved in sports, etc.
- (a) Strongly agree (b) Agree (c) Disagree (d) Strongly disagree
11. My body weight has?
- (a) Heavily increased (b) Increased (c) Not changed
(d) Decreased (e) Heavily decreased
12. I have problems in sleeping.
- (a) Strongly agree (b) Agree (c) Disagree (d) Strongly disagree
13. I have recurrent thoughts of death or suicide.
- (a) Strongly agree (b) Agree (c) Disagree (d) Strongly disagree
14. I always feel negative about my self.
- (a) Strongly agree (b) Agree (c) Disagree (d) Strongly disagree
15. I have feeling(s) of "I have lived enough", "I am worthless", "Others don't welcome me", "I should get my self killed" or "wish some natural force would kill me"
- (a) All the time (b) Some times (c) Rarely (d) Never
16. I have experiencing above problems (question 9 to 15) for the last:
- (a) 24 hours (b) 7 Days (c) 2 Weeks (d) Month (e) More than a month
17. I feel really happy at times and suddenly I feel really unhappy.
- (a) Strongly agree (b) Agree (c) Disagree (d) Strongly disagree
18. I tend to speak:
- (a) Very fast (b) Fast (c) Normal rate (d) Very slow (e) Slow
19. I always think or feel only about the negative side of things.
- (a) Strongly agree (b) Agree (c) Disagree (d) Strongly disagree

20. I feel like I am going to die very soon?
(a) Strongly agree (b) Agree (c) Disagree (d) Strongly disagree
21. I am afraid of heights, deep water, darkness, thundering, public speaking, meeting and talking to people, spiders, cockroaches, rats, etc.
(a) Strongly agree (b) Agree (c) Disagree (d) Strongly disagree
22. I feel good and comfortable most of the time but suddenly I tend to feel that I am over sweating, getting dizzy, tremble, loosing my control, feel that I am dying, etc.
(a) Strongly agree (b) Agree (c) Disagree (d) Strongly disagree
23. I fear that I may get a disease or an illness very soon.
(a) Strongly agree (b) Agree (c) Disagree (d) Strongly disagree
24. I tend to repeat actions such as washing my hand, clearing my room/kitchen, mobbing the floor with detergents, etc
(a) Very frequently (b) Frequently (c) Occasionally (d) Never
25. I have experienced catastrophic events like tsunami, flooding, hurricanes, earthquakes, bomb blasts, war, etc.
(a) Many a time (b) Few times (c) Once in my life (d) Never
26. I see nightmares or destructing dreams related to the traumatic event that I have experienced and I suddenly wake up in the middle of the night.
(a) Very frequently (b) Frequently (c) Occasionally (d) Never
27. I you remember every major event in my life.
(a) Strongly agree (b) Agree (c) Disagree (d) Strongly disagree
28. Sometimes I feel I am not the person I am, I feel I am some one else.
(a) All the time (b) Some times (c) Very rarely (c) Never
29. I visit the doctor and/or have medical checkups.
(a) Very frequently (b) Frequently (c) Occasionally (d) Never

30. My sexual desires and/or arousal is:
- (a) Really High (b) High (c) Moderate (d) Low (e) Inert
31. I have disturbances in the ability to attain orgasms and/or disturbance related to pain during sexual relations.
- (a) Very frequently (b) Frequently (c) Occasionally (d) Never
32. I find it harder or impossible to get arousal without the presence of an object or some specific action.
- (a) Very frequently (b) Frequently (c) Occasionally (d) Never
33. I admire, feel comfortable or get arousal while I am in the attire of the other gender.
- (a) Very frequently (b) Frequently (c) Occasionally (d) Never
34. I feel uncomfortable with my gender and have a feeling that I may be belonging to the opposite gender.
- (a) Very frequently (b) Frequently (c) Occasionally (d) Never
35. I feel others are out to get me, deceive me trying to take advantage of me.
- (a) Very frequently (b) Frequently (c) Occasionally (d) Never
36. I don't care about others and I really enjoy being lonely.
- (a) Highly agree (b) Agree (c) Don't know (d) Disagree (e) Highly disagree
37. I hear voices or see things which others say that are not there.
- (a) Very frequently (b) Frequently (c) Occasionally (d) Never
38. I smoke, take alcohol or drugs:
- (a) Very frequently (b) Frequently (c) Occasionally (d) Never
39. If find it harder to get rid of smoking, taking alcohol or drugs.
- (a) Highly agree (b) Agree (c) Disagree (d) Highly disagree
40. I do smoke, drink alcohol or take drugs in a:
- (a) Higher but specific amount manner (high & low) (b) Higher but specific amount (c) In a haphazard (d) Never

3 – Determining Pathological Conditions

This chapter describes how it is possible to determine the mental disorder(s) that a patient is experiencing based on the answers given to the questions in chapter 2.

Questions 1 and 2

It is important to determine the gender and age of the person who is experiencing any abnormal behaviour. Because certain abnormalities are more common to a specific gender (e.g. depression is more common among females than males, refer section 5.4.2) and some of them starts at specific age (e.g. somatization disorder tends to initiate before thirty years of age).

Question 3

Question tries to analyse the influence of the environment in patient's current behaviour. If the environment is highly unsupportive there is a higher possibility that he/she may develop one or more disorders related to infancy, childhood and adolescence (refer section 5.2.1). The possibility of such disorders gradually reduces with answers (b) to (d) and if the family environment highly supportive such disorders should be very rare.

Question 4

This questions analysis the childhood experiences of a person. If the person had repeated conflicts with parents, teachers and other adults in his/her childhood, it is an indication of having poor control of his/her own emotions (see section 5.2.1). Children having such behaviour have problems in getting along with others and these can lead to more serious problems such as conduct disorders later in life. If the answer is (c) and (d) then the possibility of having any disruptive behaviour is less.

Questions 5 to 8

These questions analyses the possibility of any eating disorders. Individuals who feel (answers (a) and (b)) either they are overweight or underweight should check it against the Body Mass Index (BMI). BMI is the ratio between weight in Kilograms and height in meters. Table 3.1 lists the BMI categories.

$$BMI = \frac{Weight(Kg)}{Height(m)}$$

Some individuals may feel they are overweight although they are under or normal weight and may get involved in activities to further reduce the weight. Such beliefs can lead to disorders

such as anorexia nervosa and bulimia nervosa. Individuals who fear about their weight may find it harder to eat.

Table 3.1 – Body Mass Index

BMI	Category
18.5 or less	Underweight
18.5 - 24.9	Normal
25.0 - 29.9	Overweight
30.0 - 34.9	Obese
35.0 - 39.9	Obese
40 or greater	Extremely Obese

Questions 9 to 18

Question 9 to 18 tries to diagnose whether the patient is having any mood disorders. If someone continuously feels unhappy and find it is not interesting to talk to people, eat or involve in sports, having recurrent thoughts of suicide, etc. could be experiencing depression (refer section 5.2.2). And if those feelings or problems continues for a period of 2 weeks or more that person may be experiencing a major depressive episode. If the patient is a female who is experiencing these feelings or problems she has a much higher probability of having depression.

Question 17 tries to determine whether the person is experiencing and rapid swings in mood. If the answers for questions 17 and 18 is either (a) or (b) then there is a higher possibility that the person is experiencing a bipolar disorder.

Questions 19 to 26

These questions try to analyse whether the patient is having any form of anxiety disorders. The questions are focused on identifying different anxiety disorders such as phobias, panic disorders, obsessive compulsive disorders and PTSD (refer section 5.2.3).

If a person continuously persists that something unpleasant would happen or continues to have negative feelings there is a higher tendency that he/she may be experiencing some form of anxiety disorder (if answers for question 19 and 20 is either (a) or (b)). If the patient is having irrational and intense fear of objects such as spiders and rats or events such as speaking in public or talking to people, he/she may be experiencing phobia. And if such problems are mostly related to the social events then he/she is having social phobia.

Question 22 focuses on the panic disorders. If the answer to this question is either ‘Strongly agree’ or ‘Agree’ the patient may be experiencing sudden change of confidence or control which is a symptom of panic disorder.

When a person fears that he/she may get infected by a disease he/she tends to be over causes and may get involved in actions such as washing hands over and over to prevent getting infected by

diseases (just to feel more comfortable). Such abnormal behaviours are categorised as obsessive compulsive disorders. Questions 23 and 24 focuses on the presence of such behaviours and if the patent is admitting that he/she is having such thoughts and frequently engage in such compulsive actions he/she may be experiencing obsessive compulsive disorder. A patent having hypochondriasis may also have a strong fear of having an illness or disease. Therefore selecting (a) or (b) (i.e. 'Strongly agree' or 'Agree') as answers to question 23 may also be an indication of hypochondriasis.

Question 25 and 26 focuses on the post traumatic stress disorder (PTSD). If the patent had experienced a traumatic event such a tsunami or a bomb blast and if he/she starts re-experiencing it in dreams or feelings it could result in PTSD. However every individual who had experienced a traumatic event will not develop PTSD therefore answer to question 25 should not be taken in isolation it should be correlated with question 26. If answers to both questions are either (a) or (b) there is a higher probability that the patent is experiencing PTSD.

Questions 27 to 29

Questions 27 to 29 try to analyse the potential for having any dissociative and somatoform disorders (section 5.2.4) in the patent. No one is expected to remember each and every events in their life however certain individuals suddenly experience loss of memory that does not have a medical condition or other medical disorder. In certain causes they may completely forget their entire past.

If the patent selects answer (a) to question 27 the patent may be experiencing dissociate amnesia and if the answer for question 28 is either (a) or (b) then he/she may be experiencing dissociative fugue or dissociative identity disorder. People who have frequent medical checkups and visits to doctors without a real reason to do so may be experiencing some form of Munchausen's syndrome (question 29).

Question 30 to 34

Sexual and gender identity disorders (refer section 5.2.5) are analysed by questions 30 to 34. If the sexual desire of the patent is either 'Extremely high' or 'Inert' (question 30) he/she may be experiencing some form of a sexual disorder. However if such sexual desires are 'Inert' and/or the patent is having disturbances in the ability to attain orgasms or have pain during sexual relations (question 31) he/she may be experiencing sexual desire disorder which is a form of sexual dysfunctions.

If the patient finds it hard or impossible to get arousal without the presence of an object(s) such as pornographic material or some specific action such as sadism or masochism and if the frequency of such behaviour is high (question 32) he/she may be experiencing Paraphilias.

Questions 33 and 34 focus on gender identity disorders. If a person enjoys being in the attire of the other gender he/she can be experiencing a form of gender identity disorder called crossdressing. However most people crossdress either because it is fun or because of the arousal that they gain by doing it. Therefore we need to look at the frequency of such actions in determining whether the patient is actually experiencing a disorder. If the patient enjoys crossdress and continues to have thoughts of becoming a member of the other gender or feels he/she is trapped in the wrong body he/she is having a higher tendency to become a transgender or transitive.

Question 35 to 36

These questions try to analyse some of the personality disorders (refer section 5.2.6). If an individual frequently feels that others are out to get or trying to take advantage of him/her, he/she may be experience a form of personality disorder called paranoid personality disorder. People who do not care about others, insensitive to others feelings, lacking basic social skills and/or like to enjoy being lonely may be experiencing either schizoid personality disorder or schizotypal personality disorder.

Question 37

Schizophrenia (refer section 5.2.6) is a complex disorder which may include a cluster of disorders. Hallucination is a form of disorder where an individual hear voices or see things which are not there. If the answer to question 37 is 'Highly agree' there is a higher possibility he/she may be experiencing Hallucination.

Questions 38 to 40

Last three questions are directed towards diagnosing whether the patient is having any form of substances related disorders (refer section 5.2.5). If the patient smokes, take alcohol or drugs and finds it extremely harder to get rid of it (questions 38 and 39) and experiences impaired day to day functionality then, he/she may be experiencing substance induced disorder. If the use of substances is done in haphazard manner there is a higher possibility of experiencing another substances related disorder called substance abuse.

4 – Discussion

The questions given in chapter 2 and the diagnosing strategies given in chapter 3 can be used to determine whether an individual is experiencing any form of mental disorder. These questions are directed towards determining disorders in an abstract form rather than determining the exact disorder. It only tries to determine whether the patient is showing any common symptoms that are specific to a particular disorder.

The advantage of this approach is the patient would find it easier to understand the questions and it does not consume much time or any resources.

The biggest drawback of this questioner is, it cannot pin point and determine whether the patient is really having such a disorder(s) and if so, what it really is (i.e. not the sub categories). In order to perform a highly accurate prediction further but specific questions are needed. And in certain cases the diagnosis may also need to perform certain physical or medical tests.

On the other hand an even the best questioner cannot be used to determine each and every mental disorder because these are related to the behaviours of individuals. Certain behaviours of an individual will not be visible to him/her self. It would be the other who would judge whether the individual is having any abnormal behaviour (i.e. behaviours that goes beyond or below the norms). This is specifically true for personality disorders such as borderline personality disorders, histrionic personality disorder and antisocial personality disorder because symptoms of these are seen by external observers (i.e. by the society) not by the individual it self. Schizophrenia is another example where the patient may have serious problems in adjusting to the demands of reality. The patient may see or hear things that are not there. Unless someone else tells it to him/her, he/she won't realise the difference between what is perceived and what the world really is. This could lead to a lot of conflicts as well.

In summary the questions given in chapter 2 can be used as a general (i.e. in broader terms) diagnostic tool to detect any abnormal behaviour that a person is experiencing. However if it is to be used as a professional tool it needs improvements such as addition of more and more but specific questions.

5 – Annex

Mental Disorders

5.1 Introduction

The terms *mental disorders*, *abnormal behaviour*, *mental illness* and *psychopathology* has the same meaning. However identifying whether a given behaviour is normal or abnormal is not an easy thing. It depends on several factors such as the society and the culture that a person lives in and the time of an action and what leads to that action.

The concept of abnormal behaviour has gone through many revisions over several centuries in different societies. Initially it was considered to be act of God or Devil. People who showed such unusual behaviour was kept away from rest of the society (e.g.: in prison or in an island dedicated for such people) and in extreme cases they were exterminated. Later with the ideas of Hippocrates, such unusual behaviour was considered to be natural than super natural. They were considered to be caused due to physiological disorders such as brain damage. In 1793 Philippe Pinel, a French physician, unchanged his patents arguing that they would perform much better if they were treated in a kinder manner. These leads to understanding where people realised unusual behaviour is also characterised by physiological factors.

In general terms, mental disorders involve set of behaviours that are considered to be unusual or atypical and which lead to negative feelings or reactions that usually generate distress. These are also considered to be *maladaptive* (i.e. where an individual's ability to function normally and to cope with day to day life events becomes harder or impossible). A more specific definition would be:

Mental disorders are disturbances of an individual's behavioural or psychological functioning that are not culturally expected and that leads to psychological distress, behavioural disability and/or impaired overall functioning (Nietzel et al., 1998).

5.2 Types of Disorders

Determining whether a person is really having a mental disorder or not, and determining the type of disorder is a difficult task. In order to identify such situations the psychologists might go through set of steps which includes; gather information on kind of problem(s) that the patient is experiencing, conditions in the patient's life, responses to various psychological tests and so on. These information gathering steps which are expected to provide accurate diagnosis is known as *assessment*. Diagnosis is a crucial step, because identifying the problem often determines what the psychologist should do.

In order to perform an accurate diagnosis psychologists and other mental health professionals have agreed on a system which describes and classifies mental disorders. Several different systems for classifying mental disorders exist. The Diagnosis and Statistical Manual of Mental Disorders – IV (DSM-IV) is the most widely used system which was published by the American Psychiatric Association. The DSM-IV describes over hundred specific disorders and following set of sections describes some of the major categories in DSM-IV.

5.2.1 Disorders of Infancy, Childhood and Adolescence

Most of the problems that people experience as adults are often visible much earlier in life. Problems and difficulties experienced during childhood or adolescence can play an important role in the emergence of the various disorders during adulthood. Many childhood problems can be broadly categorised as *Externalising problems* and *Internalising problems* (Baron, 2005). Externalising problems are disruptive behaviours that are often nuisance to others such as aggression, impulsivity and inattention. When children are having problems related to desired behaviour such as interacting with peers and problems in expressing their wishes to other it belongs to the category of internalising problems.

Disruptive Behaviours

Childhood mental disorders involving poor control of impulses, conflicts with other children and adults, and in extreme cases, more serious forms of antisocial behaviour are classified as disruptive behaviour (Baron, 2005). This is one of the most common problems among children. Disruptive behaviour can be divided in another two categories namely; *oppositional defiant disorder* and *conduct disorder*. Oppositional defiant disorder involves pattern of behaviour where children have poor control of their emotions or have repeated conflicts with parents, teachers or others adults. Children showing such problems have problems in getting along with others and these can lead to more serious problems in later life. One such problem is conduct disorder which starts when children are quite young. Conduct disorder can involve more serious antisocial behaviours.

It has been found that biological factors also play a role in disruptive behaviour. Boys tend to show such problems much more often than girls, a pattern that suggests the influence of sex related hormones. Disruptive behaviour is also involves psychological factors such as insecure attachment to their parents and often live in negative environments that may involve poverty, large family size, etc.

Attention Deficit/Hyperactivity Disorder (ADHD)

ADHD is a disorder where children simply cannot pay attention, show hyperactive or impulsivity, or show both of these symptoms. ADHD is not a problem that gets reduced with the age and it can be seen when the child becomes an adult.

Feeding and Eating Disorders

Feeding and eating disorders involve disturbances in eating behaviour that involves maladaptive and unhealthy efforts to control body weight. Such disorders are common specially among females where the society thinks that slim figure is more attractive. Eating disorders can be categorised as *anorexia nervosa* and *bulimia nervosa*. Anorexia nervosa is an eating disorder involving intense fear of gaining weight coupled with refusal to maintain normal body weight. An eating disorder in which individuals engage in recurrent episodes of spree eating followed by some form of removal is called the bulimia nervosa.

Pervasive Developmental Disorders

Pervasive Developmental Disorders involve life long impairments in mental or physical functioning. *Autistic disorder* is such an example where such children seem to be preoccupied with themselves and live in almost private lives. Such children find it really hard to interact with the society and tend to avoid eye contacts, peer relationships and even have poor language skills.

5.2.2 Mood Disorders

People experience changes in mood in day to day life, in one moment they will be really happy and in the next moment they will be really down. Consider a situation where spectators are watching a Cricket match. If their team is scoring well they will be really happy and will continue beating drums and dancing for hours however, if suddenly few wickets fell down they will be really upset and you would probably hear a pin drop. Such swing in mood is moderate for most of us and will last only a few hours, however they are people who go to extreme ends (either to extreme happiness or sadness) and such mood changes are prolonged. Their highs are extremely higher and their lows are extremely lower and they spend longer time in these states than an ordinary person.

Depression Disorder

Depression is a mood disorder where individuals experience extreme unhappiness, lack of energy and several related symptoms (Baron, 2005). A person suffering from depression first experience a profound unhappiness and they experience it most of the time. Then they realise they have lost the interest in all the usual pleasure of life such as; talking to people, eating, sports, sex, etc. A person experiencing depression can also experience a significant weight loss

of gain. They may also feel fatigue, insomnia (sleeplessness), worthlessness and may have recurrent thoughts of death or suicide. A person experiencing five or more of these symptoms at once during a period of two weeks is said to be undergoing a *major depressive episode*.

Depression is a common disorder and it is mostly seen in women than men (Kessler et al., 1994). This is mainly due to the factors such as; females traditionally having lower status, power and income than males, they must be more careful about their own safety and having higher potential of sexual harassments, etc.

Bipolar Disorders

Bipolar depression is a mood disorder where individuals experience very wide swing in mood, from deep depression to wild elation. They move over varying periods of time, between deep depression and an emotional state known as *mania*, in which there are extremely excited, energetic and elated. During the manic periods such people speaks rapidly, show sharp decreased need for sleep, jump from one idea or activity to another and excessive involvement in pleasurable activities which may includes activities which are highly harmful.

Suicide

Hopelessness, despair and negatives views about oneself could even lead to suicide (i.e. voluntary taking one's own life). Suicide attempts by males are higher as well as they have a higher success rate because they tend to use no-fail methods such as jumping from a high places, guns and hanging. Women tends to use more simple tactics such as overdose of a drug, poison, etc (Kaplan & Sadock, 1991).

5.2.3 Anxiety Disorders

People experience anxiety at different times in their lives which is a diffuse or vague concern that something unpleasant will soon occur. If such feelings becomes intense and persist for a long period of time it can leads to another form of disorder called *anxiety disorders*. Anxiety disorder is a psychological disorder that take several different forms, but which are all related to a generalised feelings of anxiety.

Phobias

Most people experiences some fear for spiders, heights, flooding, buzzing sound of an insect, etc. When such fears become excessive they tend to cause intense emotional distress and interfere significantly with the day to day activities. Such irrational and intense fear of objects and events is called phobia. The *social phobia* is the most common phobia where people feel that they might be evaluated and embarrassed. Such feelings are triggered by an object or situation. As an example consider a situation where a person climbing a tall tree. He/she will continue climbing

until he/she looks at the ground from the top. The moment he/she see the ground from higher position they get panic however if they do not see the ground they would continue climbing. Phobias are mostly learnt through classical conditioning.

Panic Disorder

Panic disorders do not need any triggering object or situation instead they come suddenly, reach peak intensity within few minutes and may last for hours. Sometime the triggering can be periodic as well. During such situations the person may feel that he/she is about to die or going to lose his/her mind. Increased heart beat, sweating, dizziness, nausea, trembling, palpitation, feelings of unreality, fear of loosing control, fear of dying, numbness or tingling sensation and chills or hot flashes are some of the symptoms of panic disorders.

Obsessive Compulsive Disorders

Is an anxiety disorder in which individuals have recurrent disturbing thoughts (obsession) that they cannot prevent unless they engage in specific behaviour (compulsions). Such behaviour includes actions such as washing hands over and over to prevent getting infected by diseases. Washing and keeping hands is a good thing however when it becomes too much it becomes a disorder. Individuals having such problems have disturbing thoughts or images that they cannot get rid of their mind unless they perform some actions that would either reassures them or help to break the cycle.

PostTraumatic Stress Disorder (PTSD)

Experiences which are extraordinary in nature such as the 9/11 attack is said to be traumatic and individual who had such experiences tends to show posttraumatic stress disorders. PTSD is a disorder in which people persistently re-experience a traumatic event in their thoughts or dreams; feel as if they are reliving the same event from time to time, persistently avoid stimuli associated with the traumatic event and may experience several other symptoms. Every one who had experienced a traumatic incident will not develop PTSD and it mainly depends on the amount of social support the victim receives.

5.2.4 Dissociative and Somatoform Disorders

Dissociative disorder involves disruptions in a person's memory, conciseness or identity where as somatoform disorders are caused when an individual experiences physical symptoms for which there is no apparent physical cause. Dissociative disorders take several different forms such as; *dissociative amnesia*, *dissociative fugue* and *dissociative identity disorder*. *Somatization disorder*, *hypochondriasis*, *Munchausen's syndrome* and conversion disorder are forms of somatoform disorders.

Dissociate Amnesia

When an individual suddenly experience loss of memory that does not have a medical condition or other medical disorders it is called dissociate amnesia. Such losses involve specific period of a person's life, specific event or in extreme cases it may even be his/her whole life.

Dissociative Fugue

Is a sudden and extreme disturbance of memory in which individual suddenly leaves home and travels to a new location where he/she has no memory of his/her previous life. *Depersonalization disorder* is another form of dissociate fugue where individual retains memory but feels like an actor in a dream or a movie.

Dissociative Identity Disorder

Dissociative identity disorder also referred as multiple personality disorder in the past, is a abnormal behaviour where an individual seems to possess two or more distinct identities or personality states and these take control of the person's behaviour at different times. Each of these personalities has a different traits, behaviours, memories and emotions. Usually there is a primary personality and alternative ones appear form time to time. Personality switching is mostly seems to occur as a response to anxiety caused by memories of traumatic experiences.

Somatization Disorder

Somatization Disorder is a form of somatoform disorder is a condition in which an individual has a history of many physical complaints, beginning before the age of thirty, which occur over the period of years and result in treatment being required for significant impairments in social, occupational or other important areas of life (Baron, 2005). The symptoms may include pain in various parts of the body (e.g. head, back), gastrointestinal problems (e.g. nausea, vomiting), sexual symptoms and neurological symptoms (e.g. impaired coordination or balance, blindness) not related to pain.

Hypochondriasis

Another somatoform disorder is hypochondriasis where an individual all the time having a fear of disease or illness. Such individuals do not have the disease as they fear but the continuously worry about them and even a slight symptom can make them really upset. Such individuals may periodically visit doctors (may be several different doctors) or have medical checkups.

Munchausen's Syndrome

Munchausen's syndrome is another form of disorder where individuals always seek for medical assistance; engage in very costly health or medical procedure checks that they really don't need. Their main objective is to gain attention from the health practitioners.

Conversion Disorder

Conversion disorder is another somatoform disorder where an individual experiences physical problems such as motor defects (e.g. poor balance or coordination, paralysis), or sensory defects (e.g. blindness, loss of sensitivity to touch and pain) without any underlying medical reason.

5.2.5 Sexual and Gender Identity Disorders

Sexual disorders include disturbances in sexual desire while gender identity disorders include problems related to the identity of gender. *Sexual dysfunctions* and *paraphilias* are two major forms of sexual disorders. Homosexual desire is not considered to be a disorder unless a person is interested only in the opposite sex (i.e. if they have bisexual desire then it is not considered to be a disorder).

Sexual Dysfunctions

Sexual dysfunctions include disturbances in sexual desire and/or sexual arousal, disturbances in the ability to attain orgasms and disturbance related to pain during sexual relations. The *sexual desire disorder* involves a lack of interest in sex or active aversion to sexual activity. Individuals having such problems indicate that they rarely have sexual fantasies, they tend to avoid all sexual activities which cause them a lot of distress. In contrast *sexual arousal disorder* involves the inability to attain or maintain an erection (males) or the absence of vaginal swelling and lubrication (female). The *orgasm disorder* includes the delay or absence of orgasm in both males and females and *premature ejaculation* (reaching orgasm too early) in males. These problems cause considerable distress to the person who experiences them.

Paraphilias

Certain individuals find it harder or impossible to get arousal without the presence of an object (such as a phonographic image or a sex toy) or an unusual action (such as sadism or masochism). Some of the more common types of paraphilias are; *exhibitionism* (exposing one's genitals to unsuspecting strangers), *voyeurism* (recurrent sexual urges or arousing fantasies involved in seeing others naked or observing others' sexual activities), *fetishism* (fantasy or arousal gained by nonliving objects), *sadism* (fantasy or arousal gained by dominating or hurting others), *masochism* (fantasy or arousal gained by getting dominated or hurt by others), *transvestic fetishism* (fantasy or arousal gained by crossdressing).

Gender Identity Disorder

Most of us wish or think that “I should have been in the other gender” in some point of our lives. For women, this may be due to hard work that she needs to perform, excessive caring required by women for her security and sexual harassments. For a man, it may be the caring and attention that a pretty or even sexy woman gets from the society. This is normal for most of the people and such idea will not last for more than few minutes. However for certain people such feelings may continue for a long time or even during their entire lifetime and this can cause lot of distress.

Crossdressing is one such disorder where a person enjoys dressing attire that belongs to the opposite sex. Crossdressing is the starting point for most of the gender identity disorder. Such individuals may crossdress because of the softness or the erotic feeling given by attire of the other gender (mainly male crossdressers). Rarely some of the crossdresser will feel they are much more comfortable in the cloths of other gender and may even live rest of their entire life like that.

Most of the crossdresses who starts crossdressing in their early stages of life will also feel that they are trapped in the wrong body and when they identify their self’s more and more they may even change their sex (referred as *transgender*) by having sex readjustment surgery. There are another set of individuals who like to be part of both sex because they are not really sure which gender their mind belongs to. Such individuals may party change their sex by having female or male hormones, an example would be; a male may get female hormones to develop breasts but will discontinue it after sometime to retaining the proper functionality of the pines. These are either called *transitive*, *ladyboys* or *shemales* and this is mostly common with males rather than females.

5.2.6 Personality Disorders

Personality disorders involve extreme and inflexible personality characteristics that are distressing to the persons who are having them or cause problems in school, at work or in interpersonal relations. Most individuals having such problems want feel that they have a problem but it would be other who are affected by such a personality.

Paranoid Personality Disorder

People who are suffering from paranoid personality disorder believe that everyone is out to get them, deceive them or take advantage of them in someway.

Schizoid Personality Disorder

Schizoid personality disorder involves a different pattern where they show little or no sign of emotions and lack of basic social skills. As a result they form very few social relationships and live isolated lives.

Schizotypal Personality Disorder

Schizotypal personality disorder also involves a pattern of social isolation and avoidance of close relationships. These people are highly anxious in social situations and act in strange ways such as inappropriate dressing.

Borderline Personality Disorder

Individuals having borderline personality disorder show tremendous instability in their interpersonal relationships, self image and mood. For such individuals moods swings are high and love can very quickly change to hate.

Histrionic Personality Disorder

People having histrionic personality disorder show tremendous need for attention from others. They always want other attention and could do anything to get it. Such actions may involve unusual dressing or sex appeals. They would appear to be normal and having social skills however inside they are lacking in confidence and have powerful need for acceptance and attention of others.

Antisocial Personality Disorder

Antisocial personality disorder is a personality disorder involving dishonesty, impulsivity, callous disregard for the safety or welfare of others and total lack of regret for the actions that harm others. They do not care about the laws or social norms and fail learn from punishment. Such persons often become criminals or confident artists and some may even become politicians.

5.2.7 Schizophrenia

Schizophrenia is one of the devastating disorders which is complex and may include cluster of disorders. Individuals suffering from schizophrenia have serious problems in adjusting to the demands of reality. They misperceive what is happening around them, often seeing or hearing things which are not there. They have trouble in paying attention to what is going around them and their thinking is often confused and disorganized and finds it really hard to communicate with others. Schizophrenia can be so destructive therefore those people should be kept away from the society at least temporarily for their own protection and to undergo treatment.

Schizophrenia is characterised by positive symptoms such as *hallucination* (hearing of voices or seeing things which are not there), *delusions* (misinterpretations of normal events and experiences), *disturbances in speech*, and *disordered behaviour*. *Flat affect* (not showing any form of emotions) *avolition* (total lack of motivation or will) and *alogia* (lack of speech) are some of the negative symptoms.

Schizophrenia can be caused due to genetic factors (may come through the parents), brain dysfunction, biochemical factors (disturbances of certain neurotransmitters) and psychological factors (environment).

5.2.8 Substances Related Disorders

Substance related disorders are extremely common and related to the use of psychoactive drugs. Such disorders occur in individuals who are too attracted to alcohol or drugs and how find it really hard or impossible to get rid of it. *Substance induced disorder* or impaired functioning occur as a direct result of physiological effect of the substance. *Substance use disorders* are caused due to the repeated use of substance resulting in harmful behaviours or impairments in personal, society and occupational functionality. *Substance abuse* is a maladaptive pattern of substance use that results in repeated, significant adverse effects and maladaptive behaviours: failure to meet obligations at work, in school or at home; repeated use of a psychoactive substance in hazardous ways; recurrent legal problems related to the substance; and continued use of the substance despite negative effects on social relationships (Baron, 2005).

6 – References

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