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TOPIC- PERSEPECTIVES IN ABNORMAL PSYCHOLOGY

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Mental health professionals use different models and/or perspectives to help explain mental disorders. Following are some of the important perspectives -

BIOLOGICAL MODEL-

Adopting a medical perspective, biological theorists view abnormal behavior as an illness brought about by malfunctioning parts of the organism. Typically, they point to problems in brain anatomy or brain chemistry as the cause of such behavior. **Possible causes of abnormal behaviour-**

A. Biochemistry-

Abnormal functioning of the brain can be caused by abnormal levels of neurotransmitters and hormones.

1. **Neurotransmitters** are the chemical messengers that allow neurones to communicate with one another at synapses (the gap between the end terminal of one neurone and the membrane of the dendrites or cell body of the next).

   Some Neurotransmitters that have been implicated in abnormal functioning include:

Neurotransmitter	Function	Examples of Malfunctions
Acetylcholine (ACh)	Enables muscle action, learning, and memory.	With Alzheimer's disease, ACh-producing neurons deteriorate.
Dopamine	Influences movement, learning, attention, and emotion.	Excess dopamine receptor activity is linked to schizophrenia. Starved of dopamine, the brain produces the tremors and decreased mobility of Parkinson's disease.
Serotonin	Affects mood, hunger, sleep, and arousal.	Undersupply linked to depression. Prozac and some other antidepressant drugs raise serotonin levels.
Norepinephrine	Helps control alertness and arousal.	Undersupply can depress mood.
GABA (gamma-aminobutyric acid)	A major inhibitory neurotransmitter.	Undersupply linked to seizures, tremors, and insomnia.
Glutamate	A major excitatory neurotransmitter; involved in memory.	Oversupply can overstimulate brain, producing migraines or seizures (which is why some people avoid MSG, monosodium glutamate, in food).

2. **Hormones** are chemical messengers that are secreted into the bloodstream by glands and control various body functions including some nervous system functions. Hormones implicated in abnormal functioning include:

The **pineal gland** produces melatonin which helps regulate the sleep-wake cycle and other circadian rhythms. Overproduction of the hormone melatonin has a link to Seasonal Affective Disorder (a specific type of Major Depressive Disorder).

Adrenal glands which are located on top of the kidneys, and release cortisol which helps the body deal with stress. However, chronically, elevated levels of cortisol can lead to increased weight gain, interfere with learning and memory, decrease the immune response, reduce bone density, increase cholesterol, and increase the risk of depression.

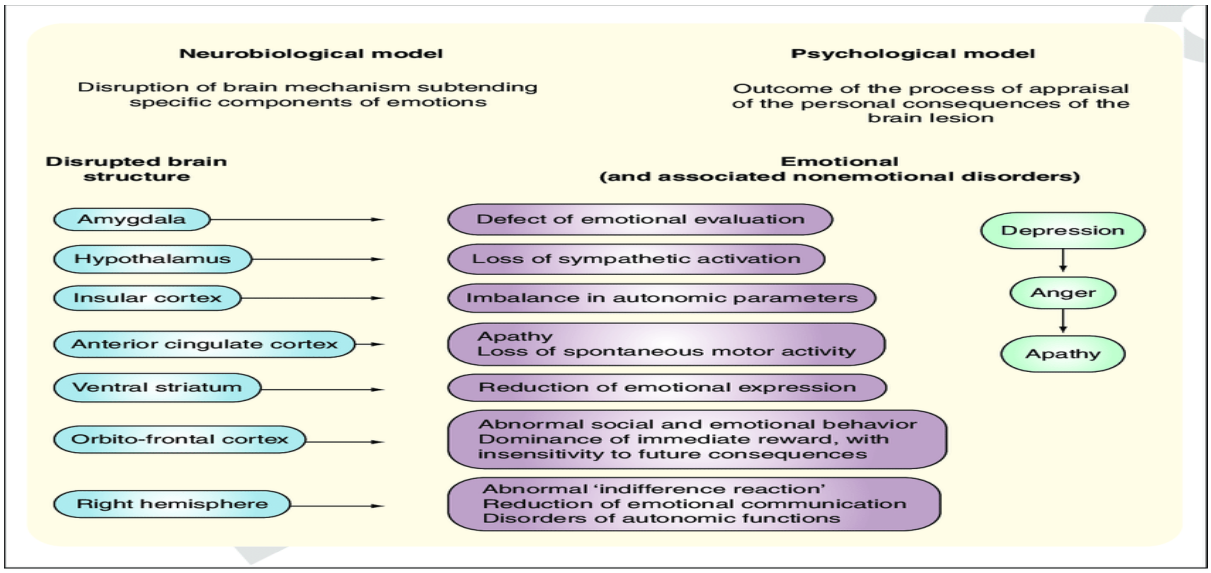
B. **Structural damage or abnormality**

Damage to certain areas of the brain, for example as the result of a head injury, stroke or brain surgery, or a failure of brain areas to develop properly can lead to abnormal behaviour:

- Damage to the **hippocampus**, as seen in the cases of HM and Clive Wearing, can lead to profound memory loss.
- Damage to **Broca's** area of the left temporal lobe may lead to the inability to understand speech properly.

- Patients with schizophrenia have abnormally large **ventricles** in their brains.

Factors that may affect nervous system functioning



Taken together, these data suggest that PSD is *Neuroanatomical correlates of behavioral*

C.Genes

Genetic material refers to genetic "codes" contained in the nucleus of every human cell (Watson, 2003). Genes are the smallest units ofinheritance that carry information about how a person will appear

and behave. DNA, or deoxyribonucleic acid, is our heredity material and is found in the nucleus of each cell packaged in threadlike structures known as chromosomes. Most of us have 23 pairs of chromosomes or 46 total. Twenty-two of these pairs are the same in both sexes, but the 23rd pair is called the sex chromosome and differs between males and females. Males have X and Y chromosomes while females have two Xs. a gene is "the basic physical and functional unit of heredity" . They act as the instructions to make proteins and it is estimated by the Human Genome Project that we have between 20,000 and 25,000 genes. We all have two copies of each gene and one is inherited from our mother and one from our father.

Scientists are interested in knowing which genetic and environmental influences impact the development of emotions, cognitions, and behavior (DiLalla, 2004). This research specialty is known

as **behavior genetics.** Behavior geneticists are interested in the degree to which a mental disorder is determined by genetics.

Some mental disorders such as anxiety disorders have modest heritability, but many major mental disorders have significant genetic influences in their development. Disorders with high heritability include depression, bipolar disorder, substance use disorders, some personality disorders, and schizophrenia (Kendler, 2005). Behavior geneticists also focus on what specific genes are inherited and how these genes help produce a mental disorder.

Researchers in the field of **molecular genetics** analyze deoxyribonucleic acid (DNA)—the molecular basis of genes—to identify associations between specific genes and mental disorders. Molecular genetics is quite challenging for several reasons. First, most mental disorders are influenced by multiple genes, not just one. When you hear a media report that researchers found a gene for Alzheimer's disease, keep in mind they likely found only one of many genes. Second, the same symptoms of a mental disorder may be caused by different genes in different people. Third, each human cell contains about 30,000-40,000 genes, so finding specifi c ones related to a certain disorder is like finding a needle in a haystack. Despite these challenges, advances in molecular genetics will likely lead to findings that help scientists determine how and if disorders are genetically distinct from one another. Knowledge of specific genes can also help researchers determine how genes influence

D.Infection-

Infections, such as meningitis or herpes simplex encephalomyelitis, can lead to abnormal brain functioning. **Viral infections**. Infections can cause brain damage and lead to the development of mental illness or an exacerbation of symptoms. For example, evidence suggests that contracting strep infection can lead to the development of OCD, Tourette's syndrome, and tic disorder in children (Mell, Davis, & Owens, 2005; Giedd et al., 2000; Allen et al., 1995; https://www.psychologytoday.com/blog/the-perfectionists-handbook/201202/can-infections-result-in-mental-illness). Influenza epidemics have also been linked to schizophrenia (Brown et al., 2004; McGrath and Castle, 1995; McGrath et al., 1994; O'callaghan et al., 1991) though more recent research suggests this evidence is weak at best (Selten & Termorshuizen, 2017; Ebert & Kotler, 2005).

Evaluating the Biological Model

Findings from this model have led to better knowledge about what genes are inherited, how neurotransmitter effects and medications can help treat mental disorder, and how brain changes over time lead to abnormal behavior.

The biological perspective also has some limitations. First, biological factors do not provide a full account of any form of mental disorder. Some disorders have substantial genetic contributions, such as schizophrenia or bipolar disorder, but environmental or nonbiological factors are clearly influential as well. An exclusive focus on biological factors would also deny crucial information about cultural, family, stress, and other factors that influence all of us. Second, we do not know yet exactly 'how' biological factors cause mental disorder. We can only say biological changes appear to be significant risk factors for mental disorder

PSYCHOLOGICAL MODEL-

A. The psychodynamic model of abnormality

The psychodynamic model is the oldest and most famous of the modern psychological models. Psychodynamic theorists believe that a person's behavior, whether normal or abnormal, is determined largely by underlying psychological forces of which he or she is not consciously aware. These internal forces are described as dynamic—that is, they interact with one another—and their interaction gives rise to behavior, thoughts, and emotions. Abnormal symptoms are viewed as the result of conflicts between these forces.

The psychodynamic model was first formulated by Viennese neurologist Sigmund Freud (1856–1939) at the turn of the twentieth century. First, Freud worked with physician Josef Breuer (1842–1925), conducting experiments on hypnosis and hysterical illnesses— mysterious physical ailments with no apparent medical cause. In a famous case, Breuer had treated a woman he called "Anna O.," whose hysterical symptoms included paralysis of the legs and right arm, deafness, and disorganized speech. Breuer placed the woman under hypnosis, expecting that suggestions made to her in that state would help rid her of her hysterical symptoms. She was under hypnosis, however, she began to talk about traumatic past events and to express deeply felt emotions. This expression of repressed memories seemed to enhance the effectiveness of the treatment. Anna referred to it as her "talking cure." Building on this early work, Freud developed the theory of psychoanalysis to explain both normal and abnormal psychological functioning as well as a corresponding method of treatment, a conversational approach also called psychoanalysis.

During the early 1900s, Freud and several of his colleagues in the Vienna Psychoanalytic Society—including Carl Gustav Jung (1875–1961) and Alfred Adler (1870–1937)—became the most influential clinical theorists in the Western world. Several basic principles comprise the psychodynamic perspective (Bradley & Westen, 2005; Westen, 1998).

- One basic principle is that childhood experiences shape adult personality. The belief that childhood development infl uences adult behavior is almost universally accepted.
- A second key principle of the psychodynamic perspective is that causes and purposes of human behavior are not always obvious but partly unconscious. Unconscious means the part of the mind where mental activity occurs but of which a person is unaware.
- A third key principle of the psychodynamic perspective is that people use defense mechanisms to control anxiety or stress. Defense mechanisms are strategies to cope with anxiety or stressors such as conflict with others. Psychodynamic theorists believe most humans can adapt to challenges and stressors by using healthy defense mechanisms. Some people with a mental disorder over-rely on less effective defense mechanisms, or defense mechanisms do not work well for them and they become quite stressed.
- A fourth key principle of the psychodynamic model is that everything we do has meaning and purpose and is goal-directed. This is known as psychic determinism. Mundane and bizarre behavior, dreams, and slips of the tongue all have signifi cant meaning in the psychodynamic model.

Critical Evaluation of Psychodynamic Perspective

A strict view of the psychodynamic perspective does reveal some limitations, however. Perhaps the biggest weakness is that little empirical support exists for many of the major propositions and techniques of the perspective. Psychodynamic theory was mostly formed from anecdotal evidence, and many concepts such as the id are abstract and difficult to measure. If we cannot measure an important variable reliably and with confidence, then its usefulness is questionable. Psychodynamic theorists were accused for many years of being "antiscientific" because they accepted Freud's propositions as simple truth. This stance, predictably, divides people into believers and nonbelievers. Believers thought empirical research was unnecessary and nonbelievers saw no point to empirically testing the theory. Psychodynamic theory has thus lost much of its broad, mainstream appeal, but a short-term therapy approach based on the theory remains popular among some mental health professionals (Lewis, Dennerstein, & Gibbs, 2008).

B. The Behaviourist model of abnormality –

Behaviorism states that all behavior (including abnormal) is learned from the environment (nurture), and that all behavior that has been learnt can also be 'unlearnt' (which is how abnormal behavior is treated).

The emphasis of the behavioral approach is on the environment and how abnormal behavior is acquired, through classical conditioning, operant conditioning and social learning.

Classical conditioning has been said to account for the development of phobias. The feared object (e.g. spider or rat) is associated with a fear or anxiety sometime in the past. The conditioned stimulus subsequently evokes a powerful fear response characterized by avoidance of the feared object and the emotion of fear whenever the object is encountered.

operant conditioning,for example, humans and animals learn to behave in certain ways as a result of receiving rewards—consequences of one kind or another—whenever they do so. Our society can also provide deviant maladaptive models that children identify with and imitate (re: social learning theory).

Critical Evaluation of Behaviourist model

Critics of the behavioral perspective point out that it oversimplifies behavior and often ignores inner determinants of behavior. Behaviorism has also been accused of being mechanistic and seeing people as machines. Watson and Skinner defined behavior as what we do or say, but later, behaviorists added what we think or feel. In terms of the latter, cognitive behavior modification procedures arose after the 1960s along with the rise of cognitive psychology. This lead to a cognitive-behavioral perspective which combines concepts from the behavioral and cognitive models, the latter is discussed in the next section.

C. The Cognitive Perspective

The cognitive approach assumes that a person's thoughts are responsible for their behavior. The model deals with how information is processed in the brain and the impact of this on behavior.

The basic assumptions are:

- Maladaptive behavior is caused by faulty and irrational cognitions.
- It is the way you think about a problem, rather than the problem itself that causes mental disorders.

- Individuals can overcome mental disorders by learning to use more appropriate cognitions.

The individual is an active processor of information. How a person, perceives, anticipates and evaluates events rather than the events themselves, which will have an impact on behavior. This is generally believed to be an automatic process.In people with psychological problems these thought processes tend to be negative and the cognitions (i.e. attributions, cognitive errors) made will be inaccurate: These cognitions cause distortions in the way we see things; Ellis suggested it is through irrational thinking, while Beck proposed the cognitive errors.

Criticism-

Cognitive processes cannot be empirically and reliably measured and so should be ignored. **Social desirability** states that sometimes people do not tell us the truth about what they are thinking, feeling or doing (or have done) because they do not want us to think less of them or to judge them harshly if they are outside the social norm. In other words, they present themselves in a favorable light. If this is true, how can we really know what they are thinking? The person's true intentions or thoughts and feelings are not readily available to us or are covert, and so do not make for good empirical data. Still, cognitive-behavioral therapies have proven their efficacy for the treatment of OCD (McKay et al., 2015); perinatal depression (Sockol, 2015); insomnia (de Bruin et al., 2015), bulimia nervosa (Poulsen et al., 2014), hypochondriasis (Olatunji et al., 2014), and social anxiety disorder (Leichsenring et al., 2014) to name a few. Other examples will be discussed throughout this book.

D. The Humanistic Perspective

The humanistic perspective, or third force psychology (psychoanalysis and behaviorism being the other two forces), emerged in the 1960s and 1970s as an alternative viewpoint to the largely deterministic view of personality espoused by psychoanalysis and the view of humans as machines advocated by behaviorism. Biological and psychodynamic theorists concentrate heavily on how factors such as genetics and unconscious conflicts automatically shape human behaviour. Other theorists, however, focus more on how people can make choices that influence their environment and how they can take responsibility for their actions. One group of theorists that emphasize human growth, choice, and responsibility adopt a humanistic model of psychology.

A main assumption of the humanistic model is that people are naturally good and strive for personal growth and fulfillment. Humanistic theorists be lieve we seek to be creative and meaningful in our lives and that, when thwarted in this goal, become alienated from others and possibly develop a mental

disorder. A second key assumption of the model is that humans have choices and are responsible for their own fates. A person with a mental disorder may thus enhance his recovery by taking greater responsibility for his actions. Humanistic theorists adopt a phenomenological approach, which is an assumption that one's behavior is determined by perceptions of herself and others. Humanistic theorists believe in a subjective human experience that includes individual awareness of how we behave in the context of our environment and other people. To fully understand another person, therefore, 'you must see the world as he sees it and not as you see it. We all have different views of the world that affect our Behavior'.

Key features of the perspective include a belief in human perfectibility, personal fulfillment, valuing self-disclosure, placing feelings over intellect, an emphasis on the present, and hedonism. Its key figures were Abraham Maslow who proposed the hierarchy of needs and Carl Rogers who we will focus on here. According to Rogers, all people want to have positive regard from significant others in their life. When the individual is accepted as they are they receive unconditional positive regard and become a fully functioning person. They are open to experience, live every moment to the fullest, are creative, accept responsibility for their decisions, do not derive their sense of self from others, strive to maximize their potential, and are self-actualized. Their family and friends may disapprove of some of their actions but overall, respect and love them. They then realize their worth as a person but also that they are not perfect. Of course most people do not experience this but instead are made to feel that they can only be loved and respected if they meet certain standards, called conditions of worth. Hence, they experience conditional positive regard. According to Rogers, their self-concept is now seen as having worth only when these significant others approve and so becomes distorted, leading to a disharmonious state and psychopathology. Individuals in this situation are unsure what they feel, value, or need leading to dysfunction and the need for therapy. Rogers stated that the humanistic therapist should be warm, understanding, supportive, respectful, and accepting of his/her clients. This approach came to be called client-centered therapy.

E. Existential Persepective

Like humanists, existentialists believe that psychological dysfunctioning is caused by self-deception; existentialists, however, are talking about a kind of self-deception in which people hide from life's responsibilities and fail to recognize that it is upto them to give meaning to their lives. According to existentialists, many people become overwhelmed by the pressures of present-day society and so look to others for explanations, guidance, and authority. They overlook their personal freedom of choice and avoid responsibility for their lives and decisions (Yalom, 2014). Such people are left with empty,

inauthentic lives. Their dominant emotions are anxiety, frustration, boredom, alienation, and depression.

Criticism of Humanistic and Existential Perspective-

The **biggest criticism** of these models is that the concepts are abstract and as such are very difficult to research. The exception to this was Rogers who did try to scientifically investigate his propositions, though most other humanistic-existential psychologists rejected the use of the scientific method. They also have not developed much in the way of theory and their perspectives tend to work best with people who have adjustment issues and not as well with severe mental illness. The perspectives do offer hope to people who have experienced tragedy by asserting that we control our own destiny and can make our own choices.

The Sociocultural Model: Family-Social and Multicultural Perspectives-

Proponents of the family-social perspective argue that clinical theorists should concentrate on those broad forces that operate *directly* on an individual as he or she moves through life—that is, family relationships, social interactions, and community events. They believe that such forces help account for both normal and abnormal behavior, and they pay particular attention to three kinds of factors: *social labels and roles, social networks,* and *family structure and communication.*

Social Labels and Roles

Abnormal functioning can be influenced greatly by the labels and roles assigned to troubled people (Rüsch et al., 2014; Yap et al., 2013; Link et al., 2004, 2001). When people stray from the norms of their society, the society calls them deviant and, in many cases, "mentally ill." Such labels tend to stick. Moreover, when people are viewed in particular ways, reacted to as "crazy," and perhaps even encouraged to act sick, they gradually learn to accept and play the assigned social role. Ultimately the label seems appropriate.

Social Connections and Supports

Family-social theorists are also concerned with the social environments in which people operate, including their social and professional relationships. How well do they communicate with others?
What kind of signals do they send to or receive from others? Researchers have often found ties between deficiencies in social networks and a person's functioning (Schwarzbach et al., 2013; Gask et al., 2011; Paykel, 2008, 2006, 2003). **They have observed, for example, that people who are isolated and lack**

social support or intimacy in their lives are more likely to become depressed when under stress and to remain depressed longer than are people with supportive spouses or warm friendships. Some clinical theorists believe that people who are unwilling or unable to communicate and develop relationships in their everyday lives will often find adequate social contacts online, using social networking sites like Facebook. Although this may be true for some such individuals, research suggests that people's online relationships tend to parallel their offline relationships (Dolan, 2011).

Family Structure and Communication-

Of course, one of the important social networks for an individual is his or her family. According to **family systems theory,** the family is a system of interacting parts—the family members— who interact with one another in consistent ways and follow rules unique to each family (Goldenberg, Goldenberg, & Pelavin, 2014). Family systems theorists believe that the *structure* and *communication* patterns of some families actually force individual members to behave in a way that otherwise seems abnormal. If the members were to behave normally, they would severely strain the family's usual manner of operation and would actually increase their own and their family's turmoil. Family systems theory holds that certain family systems are particularly likely to produce abnormal functioning in individual members. Some families, for example, have an *enmeshed* structure in which the members are grossly overinvolved in one another's activities, thoughts, and feelings. Children from this kind of family may have great difficulty becoming independent in life (Santiseban et al., 2001). Some families display *disengagement,* which is marked by very rigid boundaries between the members. Children from these families may find it hard to function in a group or to give or request support (Corey, 2012, 2004).

Socioeconomic Factors-

Low socioeconomic status has been linked to higher rates of mental and physical illness (Ng, Muntaner, Chung, & Eaton, 2014) due to persistent concern over unemployment or under-employment, low wages, lack of health insurance, no savings, and the inability to put food on the table, which can then lead to feeling hopeless, helpless, and dependent on others. This situation places considerable stress on an individual and can lead to higher rates of anxiety disorders and depression. Borderline personality disorder has also been found to be higher in people in low-income brackets (Tomko et al., 2012).

Gender Factors-

Gender plays an important, though at times, unclear role in mental illness. It is important to understand that gender is not the cause of mental illness, though differing demands placed on males and females by society and their culture can influence the development and course of a disorder. Consider the following:

- Rates of eating disorders are higher among women than, men, though both genders are affected. In the case of men, muscle dysphoria is of concern and is characterized by extreme concern over not be muscular enough.
- OCD has an earlier age of onset in boys than girls, with most people being diagnosed by age 19.
- Women are at greater risk for developing an anxiety disorder than men.
- ADHD is more common in males than females, though females are more likely to have inattention issues.
- Boys are more likely to be diagnosed with Autism Spectrum Disorder.
- Depression occurs with greater frequency in women than men.
- Women are more likely to develop PTSD compared to men.
- Rates of SAD (Seasonal Affective Disorder) are four times greater in women than men.

Consider this…

In relation to men: "Men and women experience many of the same mental disorders but their willingness to talk about their feelings may be very different. This is one of the reasons that their symptoms may be very different as well. For example, some men with depression or an anxiety disorder hide their emotions and may appear to be angry or aggressive while many women will express sadness. Some men may turn to drugs or alcohol to try to cope with their emotional issues."

In relation to women: "Some women may experience symptoms of mental disorders at times of hormone change, such as perinatal depression, premenstrual dysphoric disorder, and perimenopause-related depression. When it comes to other mental disorders such as schizophrenia and bipolar disorder, research has not found differences in rates that men and women experience these illnesses. But, women may experience these illnesses differently – certain symptoms may be more common in women than in men, and the course of the illness can be affected by the sex of the individual."

Environmental Factors

environmental factors also play a role in the development of mental illness. How so?

- In the case of borderline personality disorder, many people report experiencing traumatic life events such as abandonment, abuse, unstable relationships or hostility, and adversity during childhood.
- Cigarette smoking, alcohol use, and drug use during pregnancy are risk factors for ADHD.
- Divorce or the death of a spouse can increase the risk of developing an anxiety disorder.
- Trauma, stress, and other extreme stressors are predictive of depression.
- Malnutrition before birth, exposure to viruses, and other psychosocial factors are believed to contribute to the risk of developing schizophrenia.
- Seasonal Affective Disorder (SAD) occurs with greater frequency for those living far north or south of the equator (Melrose, 2015). Horowitz (2008) found that rates of SAD are just 1% for those living in Florida while 9% of Alaskans are diagnosed with the disorder. This is due to differences in exposure to sunlight in these regions.

Source: https://www.nimh.nih.gov/health/topics/index.shtml

Multicultural Factors

Racial, ethnic, and cultural factors are also relevant to understanding the development and course of mental disorders. Multicultural psychologists assert that both normal behavior and abnormal behavior need to be understood in relation to the individual's unique culture and the group's value system. Racial and ethnic minorities must contend with prejudice, discrimination, racism, economic hardships, etc. as part of their daily life and these stressors can increase vulnerability to a mental disorder (Lo & Cheng, 2014; Jones, Cross, & DeFour, 2007; Satcher, 2001), though some research suggests that ethnic identity can buffer against these stressors and protect mental health (Mossakowski, 2003). To address this unique factor, culture-sensitive therapies have been developed and include increasing the therapist's awareness of cultural values, hardships, stressors, and/or prejudices faced by their client; the identification of suppressed anger and pain; and raising the client's self-worth (Prochaska & Norcross, 2013).

Evaluation of the Model-

The sociocultural model has contributed greatly to our understanding of the nuances of diagnosis, prognosis, course, and treatment of mental disorders for other races, cultures, genders, ethnicities. Important here is that specific culture- and gender-related diagnostic issues are discussed for each

disorder, demonstrating increased awareness of the impact of these factors. **Still, the sociocultural model suffers from issues with the findings being difficult to interpret and not allowing for the establishment of causal relationships due to a reliance on more qualitative data gathered from case studies and ethnographic analyses (one such example is Zafra, 2016).**

Integration of the Models-

Today's leading models vary widel and none of the models has proved consistently superior. Each helps us appreciate a key aspect of human functioning, and each has important strengths as well as serious limitations . our understanding and treatment of abnormal behavior are more complete if we appreciate the biological, psychological, and sociocultural aspects of a person's problem rather than only one of them. Not surprisingly, a growing number of clinicians favor explanations of abnormal behavior that consider more than one kind of cause at a time. These explanations, sometimes called

Biopsychosocial theories, state that abnormality results from the interaction of genetic, biological, developmental, emotional, behavioral, cognitive, social, cultural, and societal influences (Calkins & Dollar, 2014; Pincus, 2012). A case of depression, for example, might best be explained by pointing collectively to an individual's inheritance of unfavourable genes, traumatic losses during childhood, negative ways of thinking, and social isolation.

Some biopsychosocial theorists favor a *diathesis-stress* explanation of how the various factors work together to cause abnormal functioning ("diathesis" means a predisposed tendency). According to this theory, people must *first* have a biological, psychological, or sociocultural predisposition to develop a disorder and must *then* be subjected to episodes of severe stress. In a case of depression, for example, we might find that unfavorable genes and related biochemical abnormalities predispose the individual to develop the disorder, while the loss of a loved one actually triggers its onset.