UNIT 1 A BRIEF HISTORY OF PSYCHOPATHOLOGY

Structure

1.0 INTRODUCTION

Throughout history, human civilisations have held quite different views of the problems that we consider now to be mental disorders. The search for explanations of the causes of abnormal behaviour dates to ancient times, as do conflicting opinions about the aetiology of mental disorders. There have also been a number of approaches to treat these mental disorders or psychopathologies. Ancient beliefs attributed abnormal behaviour to the disfavour of a supernatural power or the mischief of demons. A second stream of beliefs started attributing mental disorders to some physiological dysfunctions and biochemical imbalances in the body. This was only late nineteenth or early twentieth century when psychological explanations of nature, aetiology and treatment of mental disorders began to be conceptualised and getting importance. In this unit we will be dealing with the ancient supernatural beliefs followed by Biological Models where in we discuss early Greek contributions and the 19th century writers and the 20th century concepts. This will be followed by the next section which will consider the psychological approaches which will consider psychoanalytic, humanistic and behavioural approaches.

1.1 OBJECTIVES

After reading this unit, you will be able to:

- Explain supernatural belief regarding causes and treatment of psychopathology;
- Describe the biological approach to psychopathology;
- Explain the psychoanalytic theory of psychopathology;

- Present an account humanistic approach to psychopathology; and
- Understand the relevance of behaviouristic approach in explanation of psychopathology.

1.2 THE ANCIENT SUPERNATURAL BELIEFS

Throughout history, human civilisations have held quite different views of the problems that we consider now to be mental disorders. The search for explanations of the causes of abnormal behaviour dates to ancient times, as do conflicting opinions about the aetiology of mental disorders. There have also been a number of approaches to treat these mental disorders or psychopathologies. Ancient beliefs attributed abnormal behaviour to the disfavour of a supernatural power or the mischief of demons. A second stream of beliefs started attributing mental disorders to some physiological dysfunctions and biochemical imbalances in the body. This was only late nineteenth or early twentieth century when psychological explanations of nature, aetiology and treatment of mental disorders began to be conceptualised and getting importance.

The ancient human civilisations believed that abnormal behaviours are caused by some supernatural magic, evil spirits, demons, moon and the stars. There was a strong belief that our behaviours, affects and thought are governed by the agent situated outside our bodies and environment. These agents included supernatural entities (divinities, demons and spirits), celestial objects (stars and moon) and other phenomena like magnetic fields.

1.2.1 Witchcraft and Demonology

The individuals suffering from mental disorders were supposed to be possessed and controlled by magical, evil spirits and demons. Nature of the spirit was judged by the nature of behaviour exhibited by the affected person. Excessive spiritual behaviours were attributed to holy spirits, while destructive behaviours were thought to be caused by evil spirits. The treatments included punishments like chaining them or keeping them in cages or horrible ritual of boring a hole in the skull. These victims after going through an unfair trial were condemned as witches or demons were burned alive or hanged.

1.2.2 Moon and Stars

The Latin word for moon is Luna, this inspired people to use the word lunatic for abnormal people, but now this word, is not used any more. According to this notion the movements of the full moon and the stars have an effect on behaviour of people. This view is reflected by followers of astrology who think that their behaviour as well as major events in their lives can be predicted by the position of the planets.

1.2.3 Mass Hysteria

It is a phenomenon in which the experience of an emotion seems to spread to those in the surroundings around. If an individual is frightened and sad this feeling and experience spreads to nearby people and soon this feeling further escalates, develops into a panic and the whole community is affected. The Supernatural model is still popular and used in undeveloped cultures where poverty is high and literacy rate is low and mental health professionals are not permitted to play their role. People still look towards magic and rituals performed by holy persons for the solutions of mental disorders.

1.3 BIOLOGICAL MODELS

With the rising interest in biological sciences supernatural explanations were started to be discounted. Biological models attributed mental disorders to physical diseases and biochemical imbalances in the body.

1.3.1 Early Greek Contributions: Hippocrates and Galen

The Greek physician Hippocrates ridiculed demonological accounts of illness and insanity. Instead, Hippocrates hypothesized that abnormal behaviour, like other forms of disease, had natural causes. Health depended on maintaining a natural balance within the body, specifically a balance of four body fluids (which were also known as the four humors): blood, phlegm, black bile, and yellow bile.

Hippocrates argued that various types of disorder or psychopathology resulted from either an excess or a deficiency of one of these four fluids. The Hippocratic perspective dominated medical thought in Western countries until the middle of the nineteenth century. People trained in the Hippocratic tradition viewed “disease” as a unitary concept. In other words, physicians did not distinguish between mental disorders and other types of illness. All problems were considered to be the result of an imbalance of body fluids, and treatment procedures were designed in an attempt to restore the ideal balance.

Galen a Roman physician adopted Hippocratic theory and advocated that the four fluids relate to the Greek environmental concepts such as heat (blood), dryness (black bile), moisture (yellow bile) and cold (phlegm). Each fluid was related to one quality. Excess of one or more fluids were treated by regulating the environment to increase or decrease heat, dryness, moisture and cold depending on the deficiency of the fluid. For example, when King Charles the sixth got sick he was treated according to the following concept of Galen. He was moved to less stressful countryside environment to restore the balance of his body fluids. Rest, good diet and exercise were recommended.

Early biological models of mental disorders used some unique techniques of treatment. One of these was bloodletting, a technique where a measured amount of blood was removed by leeches to minimise aggressive tendencies. Induced vomiting was used to reduce Depression .The diagnosed person was forced to eat tobacco and half boiled cabbage for vomiting.

1.3.2 Nineteenth Century: J.P. Grey and E. Kraeplin

J. P. Grey theorised that mental disorder (insanity) was always due to physical causes and emphasis should be on rest and diet, proper room temperature and ventilation. He even invented the rotary fan and used it at State Hospital in New York. Emil Kraepelin contributed in the area of diagnosis and classification of Psychological Disorders. Each psychological disorder had a different age of onset and time course to follow, along with a different cluster of presenting symptoms. His descriptions of schizophrenia are still useful. He described schizophrenia as a psychotic disorder having 11 subtypes where reality contact was severely lost with delusions (false beliefs) and hallucinations.

1.3.3 Twentieth Century: Insulin Shock Therapy and Electroconvulsive Therapy

In 1927 Manfred Sakel, a Viennese physician, began using higher and higher dosages

of Insulin, the patients had convulsions and went into a state of coma but surprisingly these patients recovered so physicians started to use it frequently. The method was abandoned because it was dangerous, caused coma and even death. Joseph Meduna, in 1920 observed that Schizophrenia was rarely found in epileptics (which later did not prove to be true) and his followers concluded that induced brain seizures might cure Schizophrenia. Electroconvulsive Therapy (ECT) was used extensively and frequently by doctors but was a controversial method some doctors even used it to penalise the difficult unmanageable patients. It is effective with suicidal patients.

Self Assessment Questions

1) Explain the early supernatural approach of understanding psychopathology.

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2) Describe the early Greek contributions in development of biological models of psychopathology.

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3) Explain the contribution of J.P. Grey and E. Kraeplin in development of psychopathology.

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4) Give an account of insulin shock therapy and electroconvulsive therapy.

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1.4 PSYCHOLOGICAL APPROACHES

Psychological viewpoints stressed that there were so many emotional problems that could not be attributed to any organic disorder. These approaches emphasise on psychological, interpersonal, social and cultural factors in explanation and treatment of abnormality.

1.4.1 Early Psychological Approaches

Psychological approaches began with the moral and mental hygiene movement which advocated humane and responsible care of the institutionalised patients and encouraged and reinforced social interaction with them. Mental hygiene movement started with the concept of moral therapy. Pioneers in the mental reforms were P. Pinel (1745-1826), William Tuke (1732-1822), Benjamin Rush (1745-1813) and Dorothea Dix (1802-1887). All these individuals were the pioneers in the mental hygiene movement which led to asylum reforms in Europe and America.

In Europe during the Middle Ages mentally ill and mentally retarded, commonly called as the "lunatics" and "idiots", aroused little interest and were given marginal care. Disturbed behaviour was considered to be the responsibility of the family rather than the community or the state. In the 1600s and 1700s, "insane asylums" were established. Early asylums were little more than human warehouses, but as the nineteenth century began, the moral treatment movement led to improved conditions in at least some mental hospitals. Founded on a basic respect for human dignity and the belief that humanistic care would help to relieve mental illness, moral treatment reform efforts were instituted by leading mental health professionals of the time.

In the middle of the 1800s, Dorthea Dix argued that treating the mentally ill in hospitals was to be more humane and more economical than caring for them haphazardly in their communities. She urged that special facilities be provided to house mental patients. The creation of large institutions for the treatment of mental patients led to the development of a new profession of psychiatry.

By the middle of the 1800s, superintendents of asylums for the insane were almost always physicians who were experienced in taking care of people with severe mental disorders. The Association of Medical Superintendents of American Institutions for the Insane (AMSAII), which later became the American Psychiatric Association (APA), in 1844. In 1833, the state of Massachusetts opened a public supported asylum for the people with mental disorders, in Worcester. Samuel Woodward, the asylum's first superintendent, also became the first president of the AMSAII. Woodward claimed that mental disorders could be cured just like other types of illnesses. Treatment at the Worcester Lunatic Hospital included a blend of physical and moral procedures.

1.4.2 Psychoanalytic Approach

Psychoanalysis was pioneered by Sigmund Freud (1856-1939). He learned the art of hypnosis from France. He experimented with somewhat different procedures of hypnosis. He used hypnosis in an innovative way. He encouraged his patients to talk freely about their problems, conflicts and fears. He discovered the unconscious mind and its influence in psychopathology by using the techniques of free association, dream analysis and Freudian slips. Freud emphasised on internal mental processes and childhood experiences. The core elements of this approach include:

a) Analysis of Mental Structures

b) Levels of Consciousness

c) Stages of Psychosexual Development

d) Anxiety and Defense Mechanisms

e) Psychoanalytic Therapy

a) **Analysis of Mental Structures:** The human psyche consists of the *id*, the *ego* and the *super ego*, the thoughts attitudes and behaviours of three are in state of conflict called intra-psychic conflict. The Id is the unorganised reservoir of wishes or passions related to our sexual and aggressive drives. It strives for immediate gratification that bypasses demands of reality, order, logic and reason. The Id is like a child when it wants something it wants it there and then without regard for consequences, so Id operates on pleasure principle. The energy within the Id is labelled as the libido. The Id has its own characteristic way of processing information, cognitive style referred as primary process. The thinking patterns of Id are illogical, irrational, emotional immature and purely selfish.

Selfish and dangerous drives of the Id do not go unchecked and the Ego ensures that we must find ways to meet our basic needs without offending everyone around us. The Ego operates according to the reality principle and the cognitive operations of the ego are characterised by logic, reason and are referred as the secondary process. The ego tries to resolve conflicts between the demands of the Id within the permitted boundaries of super ego.

The Ego has the role to mediate conflict between the Id and the Super ego according to realities of the world. If it mediates successfully we see an individual who is well adjusted while if the Ego is unsuccessful either the Id or the Super ego becomes strong.

If the Super ego is strong we see a pure, rigid, nonflexible individual. Super ego is the storehouse of moral and ethical standards taught by parents, teachers and culture. It also refers to the conscience of the psyche. It operates according to the moral principle. When we do something wrong and ethical and moral standards are violated the Super ego generates guilt.

b) **Levels of Consciousness:** Freud describes three different layers of consciousness: conscious, preconscious/sub conscious and unconscious. According to Freud that part of the mind about which we are aware is consciousness. It is place where the Ego resides but it is a small part of mental life. The preconscious comprises of thoughts or activities that are easily made conscious by an effort to remember. The largest segment is the unconscious, which comprise the Id, is not easily reachable, yet it gives rise on to important needs and influences our behaviour. The Super ego resides at all the three levels of consciousness. Along with the mental structure, levels of consciousness describe the Freudian topographical structure of personality.

c**) Stages of Psychosexual Development:** Freud theorised that during childhood we pass through a number of psycho sexual stages of development. Each stage of development represent a specific period of development where our basic needs arise and an under or over gratification of the needs at any stage leaves a strong impression on the individual in form of a fixation or psychopathology reflected throughout the adult life. In each of these stages energy of sexual instinct, *libido*, is situated in different parts of the body.

Oral Stage (Birth to 2 years): In the oral stage the major source of pleasure is the mouth where the infant sucks, bites, through mouth, any fixation at this stage appears in form of nail biting , chewing pencils, paper etc. smoking cigarettes.

Anal Stage (2 to 3 years): In the anal stage, which extends from two to three years, toilet training begins. Any conflict or fixation at this stage appears in form of a person who is very neat, clean and strict in following rules/norms.

Phallic Stage (3 to 5 years): Phallic stage begins at three years and goes up to five years. In this stage boys have oedipal complex, a wish to have sexual attachment with their mothers, while girls shift away from mother and get closer to father, an experience labelled as Electra complex.

Latency (5 to 12 years): In this stage sex drives are subsided and child is mainly engaged in acquiring social, academic and professional skills.

Genital 12 years and onwards): Latency stage is where interest in sexual drive is less but it is the genital stage where interest in and tendency to impress opposite sex develops. One is more preoccupied to make a good impression on the members of opposite sex through one's looks, dress and conversation. Often you see a young growing up standing in front of the mirror and either trying to focus how to look even better etc. Each stage of development is important for a healthy adjustment and fixation at any stage may result in formation of psychopathology or an immediate behaviour.

d) **Anxiety and Defense Mechanisms:** Freud noted that a major drive for most people is the reduction in tension, and that a major cause of tension was anxiety. He identified three different types of anxiety.

Reality Anxiety: This is the most basic form of anxiety and is typically based on fears of real and possible events, such as being bitten by a dog or falling from a ladder. The most common way of reducing tension from Reality Anxiety is taking oneself away from the situation, running away from the dog or simply refusing to go up the ladder.

Neurotic Anxiety: This is a form of anxiety which comes from an unconscious fear that the basic impulses of the Id (the primitive part of our personality) will take control of the person, leading to eventual punishment (this is thus a form of Moral Anxiety).

Moral Anxiety: This form of anxiety comes from a fear of violating values and moral codes, and appears as feelings of guilt or shame.

The ego is always threatened by the possibility of expression of irrational and antisocial sexual and aggressive drives of the id. Thus, the ego fights a battle to stay on top of id and super ego. The conflicts between id and super ego produce anxiety that is a threat to ego. The threat or anxiety experienced by ego is a signal that alerts the ego to use unconscious protective processes that keep primitive emotions associated with conflicts in check. These protective processes are defense mechanisms or coping styles.

All defense mechanisms share two common properties: They often appear unconsciously and they tend to distort, transform, or otherwise falsify reality. In distorting reality, there is a change in perception which allows for a lessening of anxiety, with a corresponding reduction in felt tension. Freud's list of basic defense mechanisms includes:

- Denial: claiming/believing that what is true to be actually false.
- Displacement: redirecting emotions to a substitute target.
- Intellectualisation: taking an objective viewpoint.
- Projection: attributing uncomfortable feelings to others.

- Rationalisation: creating false but credible justifications.
- Reaction Formation: overacting in the opposite way to the fear.
- Regression: going back to acting as a child.
- Repression: pushing uncomfortable thoughts into the subconscious.
- Sublimation: redirecting 'wrong' urges into socially acceptable actions.

e) **Psychoanalytic Therapy:** Psychoanalytic therapy involves reliving repressed fantasies and fears both in feeling and in thought. This process involves transference, i.e. a projection of the attitudes and emotions, originally directed towards the parents, onto the analyst. This is necessary for successful treatment. Access to these repressed fears is gained often through dream interpretation, where the manifest content in dreams is understood as a symbolic expression of the hidden or latent content. (Internal censorship demands that the wish be transformed, leading to a disguised or symbolic representation.) The sources of dream content results from lost memories, linguistic symbols and repressed experiences.

Dreams are "guardians of sleep", i.e. wish fulfilments that arise in response to inner conflicts and tensions whose function is to allow the subject to continue sleeping. Dream –Work is the production of dreams during sleep- the translation of demands arising from the unconscious into symbolic objects of the preconscious and eventually the conscious mind of the subject. Dream Interpretation is the decoding of the symbols (manifest content) and the recovery of their latent content, i.e. the unconscious and, hence, hidden tensions and conflicts that give rise to the dreams in the first place.

Evaluation: Some of the criticisms typically raised against the Freudian theory are:

1) Freud's hypotheses are neither verifiable nor falsifiable. It is not clear what would count as evidence sufficient to confirm or refute theoretical claims.
2) The theory is based on an inadequate conceptualisation of the experience of women.
3) The theory overemphasises the role of sexuality in human psychological development and experience.

Self Assessment Questions

1) Explain the early psychological approaches of understanding psychopathology.

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2) Describe the Freudian topographical structure of personality.

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3) Explain the importance of stages of psychosexual development in understanding psychopathology.

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4) Give an account of the concepts of anxiety and defense mechanisms as explained by Freud.

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5) Elucidate the process of psychoanalytic therapy.

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1.4.3 Humanistic Approach

Humanistic view puts emphasis on the positive aspects of life, free choices and personal growth experiences. According to this approach abnormality results from refusal to accept personal responsibility for one's own actions and thoughts. So human behaviour is caused by the choices we make voluntarily. The humanistic theorists assume that human nature is inherently good and abnormal/aggressive behaviour is caused is by the society but not by the individual.

Carl Rogers, along with Abraham Maslow, rejected the deterministic nature of both psychoanalysis and behaviourism and maintained that we behave as we do because of the way we perceive our situation. As no one else can know how we perceive, we are the best experts on ourselves. Like Freud, Rogers developed his theory based on his work with emotionally troubled people but unlike Freud, Rogers claimed that we have a remarkable capacity for self healing and personal growth leading towards self-actualisation. Freud emphasised the importance of psychological continuity and hence believed our past to be a strong determinant of the present, whereas Rogers placed emphasis on the person's current perception and how we live in the here-and-now.

i) **Self and Congruence:** Central to Rogers' theory is the notion of self or self-concept. This is defined as "the organised, consistent set of perceptions and beliefs about oneself". It consists of all the ideas and values that characterise 'I' and 'me' and includes perception and valuing of 'what I am' and 'what I can do'. Consequently, the self-concept is a central component of our total experience and influences both our perception of the world and perception of oneself. For instance, a woman who

perceives herself as strong may well behave with confidence and come to see her actions as actions performed by someone who is confident.

The self-concept does not necessarily always fit with reality, and the way we see ourselves may differ greatly from how others see us. According to Rogers, we want to feel, experience and behave in ways which are consistent with our self-image and which reflect what we would like to be like, our ideal-self. The closer our self-image and ideal-self are to each other, the more consistent or congruent we are and the higher our sense of self-worth. A person is said to be in a state of incongruence if some of the experience are unacceptable and are denied or distorted in the self-image. As we prefer to see ourselves in ways that are consistent with our self-image, we may use defence mechanisms like denial or repression in order to feel less threatened by some of what we consider to be our undesirable feelings. A person whose self-concept is incongruent with their real feelings and experiences will defend themselves because the truth hurts. For example, a person on occasion may feel possessive but not want to see themselves as possessive. They will therefore push it out of their awareness, leaving them with a self-image of a generous person, not at all possessive.

The total experiencing individual including all feelings and experiences, denied or accepted is called the organismic self by Rogers. The greater the gap between the organismic self and the self-concept, the greater the chance of confusion and maladjustment. The self-concept of the congruent person, however, reflects the inevitability of change that occurs in the environment and is therefore, flexible. Similarly, as stated above, the closer the ideal-self is to the self-image (i.e. the closer the person you would like to be is to how you see yourself), the more fulfilled and happier the person you will be. So, we can see that two kinds of incongruence can develop: incongruence between self-concept and organismic self and incongruence between ideal-self and self-image.

ii) **Person Centered Therapy:** In order to enhance congruence and move towards self-actualisation the person needs to be self-accepting and to replace the conditions of worth with truer, organismic values. This is established according to Rogers by having at least one relationship in which the person experiences unconditional positive regard, where the person is totally accepted and supported regardless of what they do, think or feel. The relationship obviously must be controlled or directed not by the other person in the relationship but by oneself. The person him/herself is at the centre, hence the term ‘person-centred’.

Any relationship which reduces incongruence is a therapeutic relationship according to Rogers. Such a relationship is characterised by one person experiencing another person who communicates: (a) unconditional positive regard, (b) empathy (i.e. accepting that another person experiences the world in an entirely different manner from yourself and reflecting back what this is like) (c) genuineness (i.e. being oneself rather than playing a role, of say, therapist, friend, parent or teacher)

If a person demonstrates these three qualities consistently in a relationship, they are offering a therapeutic context to the other person. If a person feels these three qualities in a relationship, they are said to be in a therapeutic, healing or growing relationship.

Evaluation: Some of the criticisms raised against the humanistic approach are:

1) This approach criticized behaviourism for not acknowledging mental events, though the humanistic theorists overlooked scientific methods of studies.

2) Wishful thinking of man is not supported by scientific investigation and facts.

3) Humanistic approach used the terms like intuition and reasoning, which were philosophy and could not be tested.

4) This approach rejected animal research in psychology.

5) Concepts of this approach are sometimes not amenable to clear definition and verification.

1.4.4 Behavioural Approach

The behavioural perspective is identified with the Russian physiologist Ivan Pavlov (1849–1936), the discoverer of the conditioned reflex, and the American psychologist John B. Watson (1878–1958), the father of behaviourism. The behavioural perspective focuses on the role of learning in explaining both normal and abnormal behaviour. From a learning perspective, abnormal behaviour represents the acquisition, or learning, of inappropriate, maladaptive behaviours. From the learning perspective the abnormal behaviour itself is the problem. In this perspective, abnormal behaviour is learned in much the same way as normal behaviour. Why do some people behave abnormally? It may be that their learning histories differ from other people's. For example, a person who was harshly punished as a child for masturbating might become anxious, as an adult, about sexuality.

Poor child-rearing practices, such as capricious punishment for misconduct and failure to praise or reward good behaviour, might lead to antisocial behaviour. Children with abusive or neglectful parents might learn to pay more attention to inner fantasies than to the world outside and have difficulty distinguishing reality from fantasy.

Watson and other behaviourists, such as Harvard University psychologist B. F. Skinner (1904–1990), believed that human behaviour is the product of our genetic inheritance and environmental or situational influences. Like Freud, Watson and Skinner discarded concepts of personal freedom, choice, and self-direction. But whereas Freud saw us as driven by irrational forces, behaviourists see us as products of environmental influences that shape and manipulate our behaviour. Behaviourists also believed that we should limit the study of psychology to behaviour itself rather than focus on underlying motivations. Therapy, in this view, consists of shaping behaviour rather than seeking insight into the workings of the mind. Behaviourists focus on the roles of two forms of learning in shaping both normal and abnormal behaviour, classical conditioning and operant conditioning.

Role of Classical Conditioning: The Russian physiologist Ivan Pavlov discovered the conditioned reflex (now called a *conditioned response*) quite by accident. In his laboratory, he harnessed dogs to an apparatus to study their salivary response to food. Along the way he observed that the animals would salivate and secrete gastric juices even before they started to eat. These responses appeared to be elicited by the sound of the food cart as it was wheeled into the room.

So Pavlov undertook an experiment that showed that animals could learn to salivate in response to other stimuli, such as the sound of a bell, if these stimuli were *associated* with feeding. Because dogs don't normally salivate to the sound of bells, Pavlov reasoned that they had acquired this response. He called it a **conditioned response** (CR), or conditioned reflex, because it had been paired with what he called an **unconditioned stimulus** (US)—in this case, food—which naturally elicited salivation. The salivation to food, an unlearned response, Pavlov called the

unconditioned response (UR), and the bell, a previously neutral stimulus; he called the **conditioned stimulus** (CS).

Phobias or excessive fears may be acquired by classical conditioning. For instance, a person may develop a phobia for riding on elevators following a traumatic experience on an elevator. In this example, a previously neutral stimulus (elevator) becomes paired or associated with an aversive stimulus (trauma), which leads to the conditioned response (phobia).

Watson himself had demonstrated how a fear response could be acquired through classical conditioning. Together with his research assistant who was later to become his wife, Rosalie Rayner, Watson classically conditioned an 11-month-old boy, who is well known in the annals of psychology as "Little Albert," to develop a fear response to a white rat (Watson & Rayner, 1920). Prior to conditioning, the boy showed no fear of the rat and had actually reached out to stroke it. Then, as the boy reached for the animal, Watson banged a steel bar with a hammer just behind the boy's head, creating a loud, aversive sound. After repeated pairings of the jarring sound and the presence of the animal, Albert sure enough showed a conditioned response, displaying fear to the rat alone. From the learning perspective, normal behaviour involves responding adaptively to stimuli, including conditioned stimuli. After all, if we do not learn to be afraid of putting our hand too close to a hot stove after one or two experiences of being burned or nearly burned, we might repeatedly suffer unnecessary burns. On the other hand, acquiring inappropriate and maladaptive fears on the basis of conditioning may cripple our efforts to function in the world.

Role of Operant Conditioning: Classical conditioning can explain the development of simple, reflexive responses, such as salivating to cues associated with food, as well as the emotional response of fear to stimuli that have been paired with painful or aversive stimuli. But classical conditioning does not account for more complex behaviours, such as studying, working, socialising, or preparing meals. The behavioural psychologist B. F. Skinner (1938) called these types of complex behaviours operant responses because they operate on the environment to produce effects or consequences. In operant conditioning, responses are acquired and strengthened by their consequences.

We acquire responses or skills, such as raising our hand in class that lead to reinforcement. Reinforcers are changes in the environment (stimuli) that increase the frequency of the preceding behaviour. Behaviours that lead to rewarding consequences are strengthened—that is, they are more likely to occur again. Over time, such behaviours become habits (Staddon & Cerutti, 2003). For example, you likely acquired the habit of raising your hand in class on the basis of experiences early in grade school when your teachers responded to you only if you first raised your hand.

Skinner identified two types of reinforcers. Positive reinforcers, which are commonly called rewards, boost the frequency of behaviour when they are introduced or presented. Most of Skinner's work focused on studying operant conditioning in animals, such as pigeons. If a pigeon gets food when it pecks a button, it will continue to peck a button until it has eaten its fill. If we get a friendly response from people when we hold the door open for them, we're more likely to develop the habit of opening the door for others.

Negative reinforcers increase the frequency of behaviour when they are removed. If picking up a crying child stops the crying, the behaviour (picking up the child) is negatively reinforced (made stronger) by the removal of the negative reinforce (the crying, an aversive stimulus).

Adaptive, normal behaviour involves learning responses or skills that lead to reinforcement. We learn behaviours that allow us to obtain positive reinforcers or rewards, such as food, money, and approval, and that help us remove or avoid negative reinforcers, such as pain and disapproval. But if our early learning environments do not provide opportunities for learning new skills, we might be hampered in our efforts to develop the skills needed to obtain reinforcement. A lack of social skills, for example, may reduce our opportunities for social reinforcement (approval or praise from others), which may lead in turn to depression and social isolation.

Punishment can be considered the flip side of reinforcement. Punishments are aversive stimuli that decrease the frequency of the behaviour they follow. Punishment may take many forms, including physical punishment, removal of a reinforcing stimulus, assessment of monetary penalties, taking away privileges, or removal from a reinforcing environment.

Social-Cognitive Theory: Social-cognitive theory represents the contributions of theorists such as Albert Bandura, Julian B. Rotter, and Walter Mischel. Social-cognitive theorists expanded traditional learning theory by including roles for thinking, or cognition, and learning by observation, which is also called modelling (Bandura, 2004). A phobia for spiders, for example, may be learned by observing the fearful reactions of others in real life, on television, or in the movies.

Social-cognitive theorists believe that people have an impact on their environment, just as their environment has an impact on them (Bandura, 2001, 2004). Social-cognitive theorists agree with traditional behaviourists like Watson and Skinner that theories of human nature should be tied to observable behaviour. However, they argue that factors within the person, such as expectancies and the values placed on particular goals, also need to be considered in explaining human behaviour. For example, people who hold more positive expectancies about the effects of a drug are more likely to use the drug and to use larger quantities of the drug than are people with less positive expectancies.

Behaviour Modification: Processes and techniques used for treatment of maladaptive behaviours based on different theories of behaviouristic approach are called behaviour modification. Conditions suitable for behaviour therapy are phobic disorders, obsessive compulsive disorders, generalised anxiety disorder, panic disorders, habit disorders, sexual deviations/dysfunctions, social skills deficits and enuresis. Major techniques used under behaviour modification are relaxation therapy, systematic desensitisation, biofeedback, aversion therapy, habit reversal, modelling, shaping, token economy and cognitive behaviour therapy.

Evaluation: Learning perspectives have spawned a model of therapy, called behaviour therapy (also called behaviour modification), that involves systematically applying learning principles to help people change their behaviour. Behaviour therapy techniques have helped people overcome a wide range of psychological problems, including phobias and other anxiety disorders, sexual dysfunctions, and depression. Moreover, reinforcement based programs are now widely used in helping parents learn better parenting skills and helping children learn in the classroom. Some of the criticisms raised against the behaviouristic theories are:

1) Behaviourism alone cannot explain the richness of human behaviour and that human experience cannot be reduced to observable responses.

2) Many learning theorists too, especially social-cognitive theorists, have been dissatisfied with the strict behaviouristic view that environmental influences (rewards and punishments) mechanically control our behaviour.

3) Humans experience thoughts and dreams and formulate goals and aspirations. Behaviourism does not seem to address much of what it means to be human.

4) Social-cognitive theorists have broadened the scope of traditional behaviourism, but critics claim that social-cognitive theory places too little emphasis on genetic contributions to behaviour and doesn't provide a full enough account of subjective experience, such as self-awareness and the flow of consciousness.

Self Assessment Questions

1) Explain the basic assumptions of humanistic approaches to psychopathology.

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2) Describe the role of self-concept and congruence in development of unhealthy personality as explained by Carl Rogers.

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3) Explain the assumptions of learning theories regarding maladaptive behaviour.

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4) Present an account of the theory of classical conditioning in explaining acquired fears and anxiety.

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5) Elucidate that how the theory of operant conditioning explains abnormal behaviours.

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6) Describe the importance of cognitive behaviour theories in explaining abnormal behaviours.

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1.5 LET US SUM UP

The ancient human civilisations believed that abnormal behaviours are caused by some supernatural magic, evil spirits, demons, moon and the stars. There was a strong belief that our behaviours, affects and thought are governed by the agent situated outside our bodies and environment. These agents included supernatural entities (divinities, demons and spirits), celestial objects (stars and moon) and other phenomena like magnetic fields. With the rising interest in biological sciences supernatural explanations were started to be discounted. Biological models attributed mental disorders to physical diseases and biochemical imbalances in the body.

Psychological approaches began with the moral and mental hygiene movement which advocated humane and responsible care of the institutionalised patients and encouraged and reinforced social interaction with them. Mental hygiene movement started with the concept of moral therapy. Psychodynamic perspectives reflect the views of Freud, who believed that abnormal behaviour stemmed from psychological causes based on underlying psychic forces within the personality. Humanistic theorists believe it is important to understand the obstacles that people encounter as they strive toward self-actualisation and authenticity. Learning theorists posit that the principles of learning can be used to explain both abnormal and normal behaviour. Cognitive theorists focus on the role of distorted and self-defeating thinking in explaining abnormal behaviour.

1.6 UNIT END QUESTIONS

1) Explain the early supernatural approach of understanding psychopathology.

2) Describe the contributions of biological models in the historical development of psychopathology.

3) Explain the early psychological approaches of understanding psychopathology.

4) Present an account of Freudian psychoanalytical theory in research and practice in psychopathology.

5) Critically evaluate humanistic approach to psychopathology. Also enumerate the points of difference with psychoanalysis and learning theories.

6) Explain the behaviouristic approach to psychopathology.

1.7 GLOSSARY

Demonology : An ancient belief that the individuals suffering from mental disorders were be possessed and controlled by magical, evil spirits and demons.

Mass Hysteria : A phenomenon in which the experience of an emotion seems to spread to those in the surroundings around.

Biological Models : A model that attribute mental disorders to physical diseases and biochemical imbalances in the body.

The Id : The part of personality which is the unorganised reservoir of wishes or passions related to our sexual and aggressive drives striving for their immediate gratification.

The Ego : The part of personality which operates according to the reality principle characterised by logic, reason.

Neurotic Anxiety : This is a form of anxiety which comes from an unconscious fear that the basic impulses of the Id will take control of the person, leading to eventual punishment.

Defense Mechanisms : Defense mechanisms are unconscious protective processes employed by the Ego that keep primitive emotions associated with conflicts in check and protect from threat or anxiety experienced by ego.

Self-Concept : Self-concept is defined as the organised, consistent set of perceptions and beliefs about oneself.

Classical Conditioning : When a neutral stimulus (conditioned stimulus, CS) is paired with a natural stimulus (unconditioned stimulus, UCS), neutral stimulus alone acquires the ability to elicit the response (conditioned response, CR) which naturally occurs (unconditioned response, UCR) after natural stimulus.

Positive Reinforcers : Commonly called as rewards, positive reinforcers increase the likelihood of behaviour when they are introduced or presented.

Negative Reinforcers : Negative reinforcers increase the likelihood of behaviour when they are removed.

Punishment : Punishments are aversive stimuli that decrease the likelihood of the behaviour they follow.

Social Cognitive Theory : A learning-based theory that emphasises observational learning and incorporates roles for cognitive variables in determining behaviour.

1.8 SUGGESTED READINGS

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