**DIFFERENT VIEWS ABOUT ABNORMALITY**

**Degree Course (Three Years)**

**Psychology Honours**

**B. A. Part– I Honours Paper II : PSYCHOPATHOLOGY**

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Abnormal psychology is a division of psychology that studies people who are "abnormal" or "atypical" compared to the members of a given society. Abnormal Psychology is one of the most important and popular sub-field of Applied Psychology.

Abnormal Psychology has a fascinating history and so many people have tried to explain and control abnormal behavior for thousands of years. As the results, historically there have been three main models and five main Eras to Abnormal Behavior. There are,

**Models:**

1. Super natural Model
2. Biological Model (Somatogenic)
3. Psychological Model (Psychogenic)

**Historical Eras:**

1. Stone Age / Pre-Historical Age
2. Greek and Rome Civilization
3. Middle Age
4. 17th, 18th and 19th Century
5. Modern Era / 21st Century

**Super natural Model (Demonology, Gods, and Magic)**

References to abnormal behavior in early writings show that the Ancient Chinese, Ancient Egyptians, Ancient Hebrews, and Ancient Greeks often attributed such behavior to a demon, Spirits or god who had taken possession of a person.

The decision as to whether the “possession” involved good spirits or evil spirits usually depended on an individual’s symptoms. If a person’s speech or behavior appeared to have a religious or mystical significance, it was usually thought that he or she was possessed by a good spirit or god. Such people were often treated with considerable awe and respect, for it was thought that they had supernatural powers. Most possessions, however, were considered to be the work of an angry god or an evil spirit, particularly when a person became excited or overactive and engaged in behavior contrary to religious teachings.

The primary type of treatment for demonic possession was Trephining and exorcism, which included various techniques for casting an evil spirit out of an afflicted person. These techniques varied considerably but typically included magic, prayer, incantation, noisemaking, and the use of various horrible-tasting concoctions, such as purgatives made from sheep’s dung and wine. More sever measures, such as starving or flogging, were sometimes used in extreme cases to make the body of a possessed person such an unpleasant place that an evil spirit would be driven out. Exorcism is one of the ancient methods for release evil spirits from patient’s body. Exorcism was originally the task of healers or persons regarded as having healing powers.

In this historical period, human skull have been found from as long as ago as the stone age with areas removed by a method of surgery that involved making circular holes in the skull with stone tools, that method was “Trephining” was a performed on those who had mental illness to literally cut the evil spirits out of the victims body.

Therefore, in this super natural tradition also called as the demonological method, abnormal behavior is attributed to the agent outside human bodies and According to this model abnormal behaviors are caused by demons, spirits or the influence of planets.

**Biological Model (Somatogenic) / Hippocrates, Early Medical Concept**

Hippocrates denied that gods and demons intervened in the development of illnesses and insisted that mental disorders had natural causes and required treatments like other diseases. He believed that the brain was the central organ of intellectual activity and that mental disorders were due to brain pathology. He also emphasized the importance of heredity and predisposition and pointed out that injuries to the head could cause sensory and motor disorders.

Hippocrates classified all mental disorder into three general categories-mania, melancholia, and phrenitis (brain fever) – and gave detailed clinical descriptions of the specific disorders included in each category. For the treatment of melancholia, for example, he prescribed a regular and tranquil life, sobriety and abstinence from all excesses, a vegetable diet, celibacy, exercise short of and bleeding if indicated.

Hippocrates had little knowledge of physiology. He believed that hysteria (the appearance of physical illness in the absence of organic pathology ) was restricted to women and was caused by the uterus wandering to various parts of the body, pining for children .for this “disease”, Hippocrates recommended marriage as the best remedy. He also believed in the existence of four bodily fluids or humors – blood, black bile, yellow bile, and phlegm.

**Later Greek and Roman Thought**

Hippocrates’ work was continued by some of the later Greek and Roman physicians. Pleasant surroundings were considered of great therapeutic value for mental patients, who were provided with constant activities, including parties, dances, walks in the temple gardens, rowing along the Nile, and musical concerts.

One of the most influential Greek physicians was Galen (A.D 130-200), who practiced in Rome. He made a new theory as “the humoral theory of abnormal behavior” it was based Hippocrates believes and after that Galan also believed abnormal behaviors are based on these four humor.

Moreover, Galan made a Number of original contributions the anatomy of the nervous system. Galen also maintained a scientific approach to the field, dividing the causes of psychological disorders into physical and mental categories. Among the causes he named were injuries to the head, alcoholic excess, shock, fear, adolescence, menstrual changes, economic reverses, and disappointment in love.

Roman physicians wanted to make their patients comfortable and thus used pleasant physical Therapies, such as warm baths and massages. They also followed the principle of *contraries*(opposite by opposite) – for example, having their patients chilled wine they were in a warm tub. **“Dark Ages”** in the history of abnormal psychology began much earlier, with Galen’s death in A. D. 200. The contributions of Hippocrates and the later Greek and Roman physicians were soon lost in the welter of popular superstition.

**VIEWS OF ABNORMALITY DURING THE MIDDLE AGES**

During the Middle Ages, the more scientific aspects of Greek medicine survived in the Islamic Countries of the Middle East. The first mental hospital was established in Baghdad in A. D 792; it was soon followed by others in Damascus and Aleppo (Polvan, 1969). In these hospitals, the mentally disturbed individuals received humane treatment. The outstanding figure in Islamic medicine was Avicenna from Arabia (c. 980-1037), called the “prince of physicians” (Campbell, 1926) and author of *The Canon of Medicine,*perhaps the most widely studied medical work ever written. In his writings, Avicenna frequently referred to hysteria, epilepsy, manic reactions, and melancholia.

During the Middle Ages in Europe (c. 500- 1500), scientific inquiry into abnormal behavior was limited, and the treatment of psychologically disturbed individuals was more often characterized by ritual or superstition than by attempts to understand an individual’s condition.

Mental disorders were quite prevalent throughout the middle Ages in Europe. During this time, supernatural explanations of the causes of mental illness grew in popularity.

During the last half of the middle Ages in Europe, a peculiar trend emerged in efforts to understand abnormal behavior. It involved **mass madness-**the widespread occurrence of group behavior disorders that were apparently cases of hysteria. Whole groups of people were affected simultaneously. Dancing Manias (epidemics of raving, jumping, dancing, and convulsions) were reported as early as the tenth century. One such episode, occurring in Italy early in the thirteenth century was known as **tarantism.**This dancing mania later spread to Germany and the rest of Europe, where it was known as **Saint Vitus’s dance.**

Isolated rural areas were also afflicted with outbreaks of **Lycanthropy-**a condition in which people believed themselves to be possessed by wolves and imitated their behavior.

**Exorcism and Witchcraft**. In the middle Ages in Europe, management of the mentally disturbed was left largely to the clergy. During the early part of the medieval period, the mentally disturbed were, for the most part, treated with considerable kindness. “Treatment” consisted of prayer, holy water, sanctified ointments, the breath or spittle of the priests, the touching of relics, visits to holy places, and mild forms of **exorcism.**

**TOWARD HUMANITARIAN APPROACHES**

During the latter part of the Middle Ages and the early Renaissance, scientific questioning Reemerged and a movement emphasizing the importance of specifically human interests and concerns began-a movement (still with us today) that can be loosely referred to as humanism.

**The Resurgence of Scientific Questioning in Europe**

Paracelsus, a Swiss physician (1490-1541), was an early critic of superstitious beliefs about possession. He insisted that the dancing mania was not a possession but a form of disease, and that it should be treated as such. Although Paracelsus rejected demonology, his view of abnormal

Behavior was colored by his belief in astral influence (lunatic is derived from the Latin word *Luna*or “moon”). He was convinced that the moon exercised a supernatural influence over the brain an idea, incidentally, that persists among some people today.

During the sixteenth century, Teresa of Avila (1515-1582) a Spanish nun who was later canonized, made an extraordinary conceptual leap that has influenced thinking to the present day. Teresa, in charge of a group of cloistered nuns who had become hysterical and were therefore in danger from the Spanish Inquisition, argued convincingly that her nuns were not possessed but rather were “ as if sick” (*comas enfermas)*. Apparently, she did not mean that they were sick of body. Rather, in the expression ‘as if,” we have what is perhaps the first suggestion that a mind can be ill just as a body can be ill?

Johann Weyer (1515-1588), a German physician and writer who wrote under the Latin name of Joannus Wirus, was so deeply disturbed by the imprisonment, torture, and burning of people accused of witchcraft that he made a careful study of the entire problem. About 1563 he published a book, *The Deception of Demons,*which contains a step- by-step rebuttal of the *Malleus Malefic arum,*a witch-hunting handbook published in 1486 for use in recognizing and dealing with those suspected of being witches. Weyer was one of the first physicians to specialize in mental disorders.

**The Establishment of Early Asylums and Shrines**

From the sixteenth century on, special institutions called **asylums**, meant solely for the care of the mentally ill grew in number. Although the scientific inquiry into understanding abnormal behavior was on the increase, most early asylums, often referred to as madhouses, were not pleasant places or storage places for the insane.

These early asylums were primarily modifications of penal institutions, and the inmates were treated more like beasts than like human beings

**Nineteenth-Century Views of the Causes and Treatment of Mental Disorders**

In the early part of the nineteenth century, mental hospitals were controlled essentially by lay persons because of the prominence of moral management in the treatment of “lunatics.” Medical professionals-or *alienists,*as psychiatrists were called at this time in reference to treating the “alienated”, or insane-had a relatively inconsequential role in the care of the insane and management of the asylums of the day. Effective treatments for mental disorders were unavailable, however, during the latter part of the century, alienists gained control of the insane asylums and incorporated the traditional moral management therapy into their other rudimentary physical-medical procedures.

**Changing Attitudes toward Mental Health in the Early Twentieth Century**

In America, the pioneering work of Dix was followed by that of Clifford Beers (1876-1943), whose book *A Mind That Found Itself was published in*1908*.*

**THE BEGINNING OF THE MODERN ERA**

**Brain Pathology as a Causal Factor**

With the emergence of modern experimental science in the early part of the eighteenth century, knowledge of anatomy, physiology, neurology, chemistry, and general medicine increased rapidly. These advances led to the gradual identification of the biological, or organic, pathology underlying many physical ailments Scientists began to focus on diseased body organs as the cause of physical ailments. It was only another step for these researchers to assume that mental disorder was an illness based on the pathology of an organ-in this case, the brain.

**The Beginnings of a Classification System**

Emil Kraepelin (1856-1926) played a dominant role in the early development of the biological viewpoint. The most important of these contributions was his system of classification of mental disorders, which became the forerunner of today’s DSM-V.

**Establishing the Psychological Basis of Mental Disorder**

Despite the emphasis on biological research, understanding of the psychological factors in mental disorders was progressing, too, with the first major steps being taken by Sigmund Freud (1856- 1939), generally acknowledged as the most frequently cited psychological theorist of the twentieth century. Freud developed a comprehensive theory of psychopathology that emphasized the inner dynamics of unconscious motives (often referred to as *psychodynamics*) that are at the heart of the psychoanalytic perspective. The methods he used to study and treat patients came to be called psychoanalysis.

**Mesmerism**our efforts to understand the psychological causation of mental disorder start with Franz Anton Mesmer (1734-1815), an Austrian physician who further developed Paracelsus’ ideas about the influence of the planets on the human body. Mesmer believed that the planets affected a universal magnetic fluid in the body, the distribution of which determined health or disease. In attempting to find cures for mental disorders, Mesmer concluded that all people possessed magnetic forces that could be used to influence the distribution of the magnetic fluid in other people, thus effecting cures.

**The Beginnings of psychoanalysis**the first systematic attempt to answer this question was made by Sigmund Freud (1856-1939). Freud directed his patients to talk freely about their problems while under hypnosis. The patients usually displayed considerable emotion, and on awakening from their hypnotic states felt a significant emotional release, which was called a catharsis. This simple innovation in the use of hypnosis proved to be great significance. It was this approach that thus led the discovery of the unconscious- that portion of the mind that contains experience of which a person is unaware-and with it the belief that processes outside of a person’s awareness can play an important role in the determination of behavior. Two related methods allowed him to understand patients’ conscious and unconscious thought processes. One method, free association, involved having patients talk freely about themselves, thereby providing information about their feelings, motives, and so forth. A second method, dream analysis, involved having patients record and describe their dreams. These techniques helped analysts and patients gain insights and achieve a more adequate understanding of emotional problems.

**The Early Psychological Laboratories**In 1879 Wilhelm Wundt established the first experimental psychology laboratory at the University of Leipzig. Lightner Witmer (1867-1956), combined research with application and established the first American psychological clinic at the University of Pennsylvania. Witmer, considered to be the founder of clinical psychology (McReynolds, 1996, 1997), was influential in encouraging others to become involved in the new profession.

**The behavioral perspective**is organized around a central theme; the role of learning in human behavior.

Classical Conditioning The origins of the behavioral view of abnormal behavior and its treatment are tied to experimental work on the form of learning known as classical conditioning. This work began with the discovery of the conditioned reflex by Russian physiologist Ivan Pavlov. Watson thus changed the focus of psychology to the study of overt behavior, an approach he called behaviorism**.**

Operant Conditioning While Pavlov and Watson studying antecedent stimulus conditions and their relation to behavioral responses, E. L. Thorndike(1874-1949) and subsequently B.F. Skinner(1904-1990) were exploring a different kind of conditioning – one in which the consequences of behavior influence behavior. Behavior that operates on the environment may be instrumental in producing certain outcomes, and those outcomes, in turn, determine the likelihood that the behavior will be repeated on similar occasions.

This is how the abnormal Psychology has evolved gradually from time to time through various epochs and schools, and it has become the most popular and essential branch.

**CRITERION OF ABNORMALITY**

The understanding of abnormality requires that a survey of its various criteria be made, and these criteria and their and their respective viewpoints be understood. The main criteria are the following;

**1. Statistical Approach.** One quite prevalent criteria for determining and establishing abnormality is the statistical approach. In this the mean and average of the various traits of personality and character are calculated. The is average level , and as the individual moves higher or lower of this average, normalcy will decrease and abnormality increase. In this manner, a person will be considered abnormal to the degree in which he deviates, in average and in the mean, from the average quality or the mean quality. Abnormal individual has much less traits of personality and character than the normal individual has of the same, while the superior person has much more of them than either, particularly-than the normal and average.

2. **Pathological Approach**. Some people consider abnormality from the pathological viewpoint. According to this opinion abnormal individuals are those who are in some manner suffering from some or the other mental perversion. The behavior of the abnormal and the mentally diseased individual differs from those of normal person. His mind is more a battlefield for conflicts and frustrations than for anything else. His efficiency is far less than that of the normal person. His character evinces all kinds of perversions and distortions. Every normal individual exhibits signs of some or the mental aberration, but only when these aberrations and perversions assume startling proportions is the person certified as abnormal. Presence of the ordinary type of perversion in the individual does not create any obstacles in his social adjustment, behavior and personality, but if the perversion increase alarmingly his own life is made infinitely more difficult besides creating a problem for others as well.

**3. Adjustive Approach**. According to abnormal psychologists the biggest single factor at the root of mental aberrations is improper and incomplete adjustment, and it is also true that mental distortion spoils adjustment. Some thinkers accept adjustment as the criterion of normality and abnormality. According to this view, the person’s adjustment to his social environment should be considered normal while the one failing to do this be considered abnormal. The normal individual acquiesces in the social customs, beliefs and traditions, and in the necessity to live in accordance with them. On the other hand, the abnormal individual does not bother with them, or hesitate to act in direct contradiction, nor is he inclined to offer any respect to them. Making an adjustment with circumstances and then retaining it helps the individual to keep his balance and his normality. On the other hand, if this adjustment is somehow disturbed the individual cannot retain his balance and sanity, he becomes the victims of abnormality

**4. Dichotomous Approach.** Some people turn to the dichotomous approach in trying to determine abnormality, a viewpoint that adopts the quantitative as well as the qualitative approach. For example, the symptoms that are most prominent in a mentally diseased individual are the facts responsible for his abnormality, whereas when the same symptoms and the same disease is present in other individuals in a lesser degree of intensity, these latter are not regarded as abnormal but treated as quite normal. On the other hand, where the approach is qualitative, the difference between the normal and the abnormal is more of degree.

 **5. Eclectic Approach.** Abnormal person can be recognized if he is observed from the statistical, pathological, adjustive and other viewpoints almost simultaneously. Hence in this problem it would probably be best to adopt the eclectic approach. In the eclectic approach every other viewpoint has appropriate place, and hence in the definition of the abnormal, the eclectic viewpoint is probably the most superior. From the eclectic viewpoint it is quite tenable to assert that in any population group there are, or would be, some ten per cent of individuals whose social adjustment would or does leave much to be desired, and that they are suffering from one or other mental aberration. Their personality is disorganized, their character defiled, and their life low and unsocial.