

Models of Abnormality

Speaker: Deb Vos

Perspectives or models are systematic ways of viewing and explaining what we see in the world. This unit focuses on multiple approaches or models of abnormality. The biological model focuses on genetics, neurotransmitters, and brain function. The psychodynamic model focuses on internal personality characteristics. The humanistic model focuses on personal growth, choice, and responsibility. The cognitive-behavioral model focuses on specific thoughts and learning experiences. Finally, the sociocultural model focuses on external environmental events and includes the family systems perspective.

The biological model rests on the assumption that mental states, emotions, and behaviors arise from brain function and other physical processes. The biological model of mental disorder, including the use of medications, is supported by scientific research that links genetics, neurochemistry, and brain changes to various psychological problems. Scientists are interested in knowing which genetic and environmental influences impact the development of emotions, cognitions, and behavior (behavioral genetics). Behavioral geneticists are interested in the degree to which a mental disorder is determined by genetics.

The biological model is respected because genetics, neurotransmitters, and brain areas clearly influence many mental disorders. Findings from this model have helped increase knowledge about which 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 omit crucial information about cultural, family, stress, and other factors. Second, we do not yet know exactly how biological factors cause mental disorder. We can only say biological changes appear to be significant risk factors for mental disorder.

The psychodynamic model also focuses on internal structures, but on mental rather than physical structures. The psychodynamic model comes from Freudian theory, which assumes that mental states and behaviors arise from motives and conflicts within a person. The term intrapsychic refers to psychological dynamics that occur within a person's mind, so this term is often used to describe the psychodynamic model.

Several basic principles comprise the psychodynamic perspective. One basic principle is that childhood experiences shape adult personality. A second key principle is that causes and purposes of human behavior are not always obvious and are partly unconscious. Unconscious refers to the part of the mind where mental activity occurs but of which a person is unaware. The goal of psychodynamic therapy is thus to make the unconscious more conscious. 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. A fourth key principle is that everything we do has meaning and purpose and is goal-directed (psychic determinism).

A key goal of psychodynamic treatment is to help clients gain insight into current problems. Insight means understanding the unconscious determinants of irrational feelings, thoughts, or behaviors that create problems or distress. The most influential principle of the psychodynamic perspective may be that childhood experiences greatly affect adult function. The psychodynamic theory of defense mechanisms also makes intuitive sense. A strict view of the psychodynamic perspective does reveal some limitations. Perhaps the biggest weakness is that little empirical support exists for many of the major propositions and techniques of the perspective. Psychodynamic theory has lost much of its broad, mainstream appeal, but a short-term therapy approach based on the theory remains popular among some mental health professionals.

The humanistic approach comprises theorists that emphasize human growth, choice, and responsibility and adopt a humanistic model of psychology and abnormal behavior. Humanistic theorists include Abraham Maslow, Carl Rogers, and Rollo May. A main assumption of the humanistic model is that people are naturally good and strive for personal growth and fulfillment. Humanistic theorists adopt a phenomenological approach, or an assumption that people's behavior is determined by the perceptions of themselves and others.

The humanistic model has several strengths. It is optimistic and tied to contemporary positive psychology, which refers to the study of what factors allow people to thrive in their environments. The humanistic model also emphasizes responsibility. Rogers' client-centered approach has also contributed greatly to the way therapists approach their clients in session. The humanistic approach has several limitations as well. The theory is generally unscientific and largely lacks empirical support.

The behavioral perspective focuses on external acts, and the cognitive perspective focuses on internal thoughts. Many mental health professionals now combine these perspectives into a singular cognitive-behavioral model. The behavioral perspective focuses on environmental stimuli and behavioral responses—variables that can be directly observed and measured. The behavioral perspective assumes that all behavior—normal or abnormal—is learned. Classic conditioning, initially studied by Ivan Pavlov, essentially refers to learning by association.

The cognitive perspective suggests that emotions and behavior are influenced by how we perceive and think about our present and past experiences. Contemporary psychologists have generally combined behavioral and cognitive approaches into a cognitive-behavioral model. This model rests on the assumption that learning principles and cognitions interact to influence a person's behavior. This assumption is evident when considering modeling, which refers to learning by observing and imitating others. Contemporary models of mental disorders often include a combination of learning principles and cognitive influences such as expectancies and motivations.

Many mental health professionals today endorse a cognitive-behavioral orientation that recognizes the importance of classic and operant conditioning as well as cognitive theories of mental disorders.

Cognitive-behavioral therapy refers to a large collection of treatment techniques designed to change patterns of thinking that contribute to a person's problems. A key assessment approach within the cognitive-behavioral perspective is functional analysis, which refers to evaluating antecedents and consequences of behavior, or what preceded and followed certain behaviors. A combined cognitive-behavioral model is among the most influential for conceptualizing the development and maintenance of problematic behavior. Limitations of the cognitive-behavioral model should be noted, however. Most problematic might be the model's concept of how mental disorders first develop. Many cognitive behavior theorists reduce complex behaviors such as depression to simple learning history or cognitive schemas, but this does not seem plausible.

A core assumption of the sociocultural perspective is that outside influences play a major role in creating a person's psychological problems. The sociocultural perspective focuses on influences that social institutions and other people have on a person's mental health.

Socioculturalists believe psychological problems largely develop because of the impact of social institutions and other people. Clinicians should thus conduct a thorough assessment of an individual's culture. The sociocultural perspective highlights the importance of social influences on emotions, cognitions, and behaviors. The sociocultural perspective also provides a good understanding of the different sources of stress that impact a person and how that person copes with stress. The sociocultural perspective also emphasizes the critical role family members have in influencing mental health. One limitation of the sociocultural model is that evidence linking social, cultural, or environmental factors to mental health is largely correlational.

Finally, a biopsychosocial model stipulates that mental disorder can be attributed to many variables, including biological (such as genetic or brain changes), psychological (thought and emotional changes), and social (family and societal). Currently, this is the most widely used model.

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