

ABNORMAL BEHAVIOUR

There are many different models of abnormal behaviour, which give different explanations for 'mental disorders'. Here are the different models and brief descriptions of each models theory on 'mental disorders'.

- *Medical/Neurobiological model* – This a biological approach that views mental disorders as a 'illness' or 'disease', which has been caused through physical illness or an imbalance in bodily processes.
- *Psychodynamic model* – This approach was developed by Freud (1915-1918) to emphasize the internal dynamics and conflicts that occur at an unconscious level.
- *Behavioural model* – this theory views abnormal behaviour is learnt in the same way as other behaviour is through stimulus-response mechanisms and operant conditioning.
- *Cognitive model* – this approach looks at how people receive, store, retrieve and process information. The logic behind this model is that the 'thinking' processes between stimulus and response are responsible for the 'feeling' component of response.
- *Humanistic model* – This model views behaviour as controlled by the decisions that people make about their lives based on their perceptions of the world.

OUTLINE ONE MODEL OF ABNORMAL BEHAVIOUR AND CONSIDER ITS STRENGTHS AND LIMITATIONS.

The model I have chosen to focus on is the Humanistic model. The Humanistic model emphasizes that people are able to make choices in life freely and that these choices channel towards fulfilment and happiness and a sense of self-worth. From a humanistic perspective, behaviour is first determined by individual's ability to choose how to think and act. A lot of work was carried out by Carl Rogers (1951) and Abraham Maslow (1968) on this model. Rogers believed that development of self-worth begins in infancy. Humans have a basic need to feel nurtured by significant people in their lives such as their parents. Rogers claimed that if love, praise and acceptance (positive regard) were given freely, unconditionally, then the child would develop a healthy sense of self-worth. But if love, praise and acceptance are given to a child with conditions then the child will grow to learn that they cannot not be loved and accepted unless they live up to others expectations. Children who only receive negative regard, such as criticism and blame, are thought to develop low self-esteem. As adults these children are more likely to recognise their own faults and blame themselves for these faults, they are reluctant to accept their good qualities. This is why Rogers claimed it is the child's behaviour and not the child that should be criticised. Rogers claimed that this could generate feeling of low self-worth, which can affect psychological well-being and can lead to maladjustment.

People have a healthy sense of well-being by maintaining a reasonable consistency between ideal-self and actual behaviour. This is what Rogers called congruence. People who set themselves goals and ideal standards that are difficult or maybe even impossible to achieve set themselves up for failure. Rogers called this incongruence, the greater the gap between ideal-self and actual-self the greater the incongruence.

There are strengths and limitations with this model like the others. The humanistic approach is a person-centred approach, which focuses on mental health and well being rather than illness. It also focuses on personal growth rather than mental disorder. Some would argue that this is overly optimistic. However it is regarded as the most ethical model of all of the models as it focuses on the person rather than a label. This avoids problems associated with labelling, e.g., stigma and misdiagnosis.

The humanistic model is thought to be more difficult to scientifically analyse. However Rogers employed a large research team claiming his theories were testable. Rogers's research relied heavily on self-report measures of psychological functioning, yet many mental disorders are characterized by lack of insight. The humanistic belief in personal responsibility carries an assumption that people should be able to help themselves, but this may not be possible for someone with severe psychological problems. The reluctance to diagnose in this model due to personal freedom may lead to some disorders that require medical assistance to go untreated. Also the humanistic model places responsibility on carers in the child's life, but it can be difficult for parents/guardians to always give unconditional positive regard and to always limit their criticism to the behaviour and not the child.

The therapy used in the humanistic model, called the person-centred therapy, often concentrates on the person and not the 'problem'. The aim of this therapy is to empower the individual to become more autonomous (more self-governing, independent), spontaneous and confident within themselves. As this is an insight therapy it may not be possible to use on people with severe mental disorders, as I have mentioned before, because the therapy deals with deeper emotions. A person with a severe mental disorder may not be able to express these emotions and this type of therapy could make them more unstable in their condition.

The humanistic model focuses on the persons ability to fulfil their potential and, as the psychodynamic model, claims that early environmental experiences are important to later development in an individuals life. The model as in every models case cannot be used in every case of mental disorder, as it would not be practical due to the focus on self-cure. The theory also tries to encourage not to blame a child for its behaviour but to criticise the behaviour itself, however the theory seems to be blaming the carers of the individual for the psychological imbalance. After looking at all the models and their theories I believe that there are many different factors, not just a child carers, which can affect the child's progress later in life.