



MODELS AND TREATMENTS OF ABNORMAL BEHAVIOUR: THE CHANGING CONCEPTIONS OF MENTAL DISORDERS

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ABSTRACT

It is the objective of this paper to uncover to the reader the various conceptions of mental disorder/abnormal Behaviour across various ages of human existence including their conceived methods of ameliorations. Explanations from various literatures were presented from the Stone Age through the age of reason and enlightenment with adequate lessons on humanitarian approaches which propelled the establishment of mental hospitals in the 20th century and the resultant contemporary developments and milestones.

Keywords: Models, Treatment, Abnormal Behaviour, Mental Disorder, Conceptions

INTRODUCTION

Abnormal behaviour has been a recurring concept in the field of abnormal psychology, relating to varieties of problems and difficulties ranging from private through public domain of one's life. For the avoidance of misconception, the term abnormal behaviour, mental illness, psychopathology and maladaptive behaviour are used interchangeably with mental disorder, as most psychologist prefer the use of the term mental disorder. (Baron-Cohen, 2001). Now the question what is mental disorder? Let us make some explanations about the concept before presenting a substantive definition. First, it is important to note that the term mental disorder relates to behaviours or thoughts that are unusual or atypical in human society; secondly those experiencing such disorder are replete with negative feelings and reactions (Stress) (Frith, 1992). Thirdly, such disorders are maladaptive. The individual finds it difficult to adjust to normal daily life. Having given these few explanations we can now define mental disorder "as disturbances of an individual's behavioural or psychological functioning that are not culturally accepted and that lead to psychological distress, behavioural disability and/or impaired overall functioning (Nietzel, Speltz, McCauley and Bernstein, 1998).

Mental disorder exacts much toll on the individual as well as the society that must deal with them in some ways. The past does not present enough data to justify the magnitude of the concern shown in the present to mental health issues; however mental disorder presented a discomfort to the society as of old, hence the varieties of approaches and conceptions of the phenomenon.

Research have shown in the present and a pointer to the future of human disability that schizophrenia, mood disorders (depression and mania) and alcoholism appears to be among the ten leading causes of disability in the world along with tuberculosis and iron deficiency anemia. (Murray and Lopez, 1996).

Mental Disorder: Past Conceptions and Approaches to Treatments.

The present knowledge and understanding of abnormal behaviour or mental disorder does not evoke controversy, hence one may ask why referring or invoking the past status when we have already moved on. Well it is important to state that without understanding the past in this regard we may not have firm understanding of the present, in other words adequate understanding of the present mental health knowledge requires an excursion into the past to show linkages and how we have come to where we are today and possibly engage a future direction for understanding mental disorders and treatments. In the words of Sarason and Sarason (2011) "much of what seems modern is an outgrowth of the past, not a rejection of it". Physical well-being and social relationship have been of interest to people across times and nations, as of old various theories have been developed to explain phenomenon of wellbeing and social relationship, whether they are correct or wrong such frameworks have aided their thinking and approaches to deviations from popular belief or conceptions.

However, viewing from the present it is obvious that these past conceptions and approaches are not rooted in scientific methods. One ancient belief that is still being held in some present day communities, explains that mental disorder evolves from the operations of supernatural and magical forces. In societies where such theories or belief are held, treatment for such disorder is based on exorcism, where counter magic and possibly prayers are used to remove such evil spirits. It has been argued that this method is prevalent in non-literate societies (Baron 2001); however it is our view in this paper that even in the so called industrialized societies this method exists side by side with modern approaches for e.g. we hear of people consulting folk healers even when they are receiving professional mental health treatment. For the success of the mental health care practitioner it is important to understanding what the folk healers do to their patients and what they say as this will aid their approach in seeking for total recovering of their patients.

In discussing the supernatural approach to mental disorder, it is also necessary to introduce the shamanic practice, where it is believed that the Shaman has powers to communicate with the supernatural forces, being a spirit medium, one can learn which spirit is responsible and the necessary restitution needed to be done for one to be free from the problem. In bringing therapy to his patient the Shaman develops a séance through which he creates intense

excitement, demonstrating the abnormal behaviour he intends to cure; through his magical movements, utterances and unusual displays; the shaman brings messages from the spirits. Liberation of the individual is observable through the sleight of hand which signifies the expulsion of the spirit from the individual's body. Understanding abnormal behaviour here relates to the operations of the supernatural forces and also being the basis of the therapeutic change. Let's not be in a haste to dismiss this theory as being primitive and of no therapeutic value; it is also worthy of note that elsewhere in the United State, precisely little rock in Arkansas, Golden (1977) captured the pathetic story of a 33yr old man:

"The patient had been having seizure recently and had become increasingly irritable and withdrawn from his family. He was hospitalized and when he could no longer be detained safely on the neurology service, he was transferred to the psychiatric ward, where he became increasingly more agitated, confused and almost delirious. He became very fearful whenever people approached him, and he began to hallucinate. He finally slowed down after being given 1000mg of chlorpromazine, but the necessity for bed restraint remained. All neurological findings including a brain scan, proved normal. After two weeks of hospitalization the patient suffered a cardiac arrest. All effort to revive him failed. An autopsy provided no reason for his death. After his death, the patient's wife told staff members that her husband had been seeing a two headed older woman considered by the community to be a witch which cast spell and healed people. The widow stated that her husband had angered the two headed and that she had caused his death" (pp. 1425).

In yet another primordial view of abnormality; the organic theory comes to fore. This theory posits that the individual's strange behaviour relates to the fact that his body is not working well, possibly from an organic defect. This is based on their cultural belief, with no scientific evidence unlike in the modern times where such defects when observed, scientific investigation will provide biological evidence that needs to be addressed for the restoration of a complete adjustment of the individual (Sarason and Sarason, 2011). In the ancient times Anthropologists have found skulls with holes in them, such holes were not as a result of wounds, sustained during battles; this perhaps led them to conjecture that abnormal behaviour was treated by opening of the skull for the evil spirit to escape. This is referred to as "trephination". Evidence abound that this technique existed in the Mediterranean and North African countries about 3000-2000 BC (Baron, 2001).

Another approach relates to the psychological perspective. This perspective views the cause of abnormality as behavioural difficulties stemming from the inadequacies in the way an

individual thinks, feels or perceives the world. Man has the capacity to examine his thought and modify them where necessary, hence the role of the psychologist in helping people to learn how to think more rationally about themselves and their social relationship. From the above one can see the three perspectives that have recurred throughout the history of western civilization, however across subsequent periods in history other conceptions have taken place.

The Ancient Western World: Understanding Abnormal Behaviour

The ancient Greece philosophers were prominent in their writings which promoted psychological and organic approaches to abnormal behaviour; their emphasis was on the rational analysis of the natural world. Certain concepts (motivation and intelligence) were major developments uncovered in explaining the behaviours as observed in everyday life. Knowledge in ancient Greece evolved over a period of several centuries, within this period, marked deviations in behaviours were attributable to punishment of offences against the gods, as it has been said "those whom the gods would destroy they first make mad".

In treating the patients they were made to walk through and sleep in a maze-like structure called a temple. When they walk and get to the center, there is a popular belief that the god of the temple (Asclepius) would attend to their dream and heal them.

Elsewhere in ancient Egypt, Hebrew as well as Mesopotamian, it is believed that the seat of the mind is in the heart, little wonder when the Pharaoh's were embalmed their hearts were venerated, while the brains were removed and thrown away. This is contrary to the belief of the Greece, who saw the brain as the seat of the mind. Hippocrates (460ca - 377BC) the Greece physician with his limited knowledge in anatomy still looked to the brain while trying to explain why people behave the way they do. He saw the brain as the interpreter of consciousness. In his study of epileptic seizures, he concluded that they were caused by a disease in the brain. He also wrote on other areas of mental disorders with his colleagues, their treatment methods consisted of rest, bathing and dieting. Other Greece philosophers who were also prominent in their view of abnormal behaviour include: Socrates (470ca. 399BC) who advanced the within self-exploration while showing that reasoning should be the bedrock of good life and personal happiness. Another of Socrates student, Plato went on to promote organismic point of view, he believed that abnormal behaviour grew out of conflicts between emotion and reason, deviating from those who stressed physical causes as the reason for deviations from acceptable behaviour, he advanced the power of ideas presenting the mind as the only true reality of human experience. He believed that the ideal individual is guided by reason and that if any individual lost his reasoning, he or she must be separated from the society. He went further to assert that no lunatic shall be allowed to be at large in the community. The relatives of such persons shall keep them in safe custody at home by such methods as they contrive, or

penalty of fine. Many societies in the past have held this belief of Plato, however over time the responsibility of the mentally ill became the responsibility of the government separating them from the society, but the emergence of human rights in the middle ages made the institutions that kept them to be abrogated while they were returned to their family members for care.

Aristotle, who was a student of Plato, went further to advance the nature of reasoning and consciousness, while analysing human emotion. He sought to analyse various emotions and concluded that various forces in the human body need to be in a balanced condition for reason to prevail. Galen (AD 130 - 200) the great physician played a formidable role in augmenting the theories of the mind and body as were earlier propounded by Greek philosophers. His work was on the four (4) humors in the personal character and temperament. The balance of these humors in the body shape one's temperament. Imbalances of these humors in the body are believed to cause various disorders in the individual.

So far the rational approach has tried to classify abnormal behaviour according to some consistent scheme different from the earlier perspectives (supernatural forces, magical and religious) explained.

The Middle Age: Understanding Abnormal Behaviour

Following the demise of ancient Greece culture and the rise and fall of the Roman Empire, there were several changes that coping with them by the people appear so herculean that they found solace in Christian religion to comfort themselves in those trouble times, while the church assumed the role of unification when the civil government finally collapsed. During this era saint Augustine (AD 354 - 430) a great theologian helped to lay the ground work for other dynamic theories of abnormal behaviour. "He dealt extensively on the following areas. Mental anguish, feelings and human conflict, though his topics and method seem more like psychoanalytic methods, using introspection also; he further revealed innermost thoughts, temptations and fears in individual's emotional life as showing valuable knowledge in behaviour. Christian spirit of charity towards the mentally disturbed or stigmatized group was prominent at this time. However as time progresses the role of the church began to change; having the civil authority the church's influence now became negative upon the people. The legacy of rationality which the middle age inherited from the Greek philosophers was abandoned in the late medieval era.

At this time there was a return to demonology and superstition in the explanations of abnormal behaviours. Ushering in a revival of anti-intellectualism and belief in magic in the explanations of abnormal behaviour. Exorcism became the order of the day. In the ensuing

melee there was outbreak of wars and epidemic, fears and tremor spread like bushfire causing outbreak of group hysteria, with people behaving diversely (Cohen, 2001). In the midst of all these, some responsible governments at this time still found it expedient to take care of their mentally disturbed persons for example, England, where the crown delineated them into natural fools (mentally retarded) "persons non compos mentis" (not of sound mind).

The Renaissance Age: Understanding Abnormal Behaviour

In about AD 400 there appears a swing of the pendulum a Swiss physician Paracelsus (1493-1541) suggested that abnormal behaviour might stem from the influence of natural forces such as the moon which according to him influenced the brain and induced madness or lunacy. In later decades, John Weyer (1515-1576) came up with psychological conflict, revealing that disturbed interpersonal relationship is the cause of mental disorder. Weyer argued that witches were mentally disturbed individuals and not a satanic creation hence should be medically treated and to be treated theologically, no doubt his enlightened humanism save many from death stake. Carefully examining the psychological state of persons he came up with what is known today as paranoid, epilepsy, psychosis, depression and further argued that treatment should be geared towards meeting the need of the disturbed persons rather than following rules of religious institutions. His work brought separation between abnormal psychology and theology.

Age of Reason and the Enlightenment; Perception of Abnormal Behaviour

The age of reason and the enlightenment are different periods in history referred to as the 17th and 18th century respectively. During these periods reason and scientific method came to replace faith and dogma in the understanding of the natural world. Biology, Chemistry and Anatomy recorded much success at this time. Baruch Spinoza (1632-1677) worked on modern approaches in psychology and physiology and argued for the inseparableness of mind and body. He believed that there are unconscious mechanisms that influence human behaviour. Beyond Spinoza, developments in the world have also shown the longstanding conflict between psychological and physical explanations of abnormal behavior. However there was a convergence of opinion among the two periods showing disagreement that demons and supernatural causes were responsible for abnormal behaviour, rather they settled for rationality and scientific observation as well as humane treatment of the mentally ill patients.

The concept of the "madhouses" in Britain gained prominence and recorded a huge parliamentary gain which resulted in the licensing of their operators in 1771. New fields and theory came up to explain abnormal behaviour for e.g. Physiognomy and Phrenology (by Franz Joseph Gall 1758-1828). Gall believed that bumps and indentations on the surface of the skull were accurate reflections of the underlying parts of the brain. Another physician, William Gullen (1710-1770) demonstrated enormous interest in the physical approach to mental illness, he believed that neurotic behaviour was caused by physical defects of the nervous system. His therapeutic methods seem so native though they represented his organic orientation. Gullen adopted several restraint methods and straight jacket to control violent behaviour of the disturbed individuals.

Mesmer (1734 - 1815) was involved in the treatment of individuals using magnetic fluid which he believed was in every individual. He encouraged his patient to swallow preparations containing iron with three magnets attached to her body, following the dramatic recovery of this patient, Mesmer argued that his mechanism had brought about the cure. His method was largely hypnotic in operation requiring suggestions to the client in a banquet.

All these methods today remain relevant to historical understanding and knowledge quest. Change however came in the late 18th century as scientific knowledge began to induce better attitude towards mental disorders. There was renewed compassion for the mentally ill and this new compassion now became the bedrock of a new movement. The reform movement, Phillip Pinel (1745-1826) in 1793 became a catalyst in the human management of the mentally ill patients. Pinel unchained the large number of mentally ill patients in his hospital and believed that they can be better treated in a humane manner than having them in chains. This position gave rise to the moral treatment or mental hygiene movement, with broad implications for humanitarian ideas and recognitions of the need to reform social institutions.

Based on the reviews we have made here two major areas relating to abnormal behaviour has been identified; they include:

1. The earlier conceptions and approaches to abnormal behavior and treatments.
2. The need for humanitarian approaches to the mentally ill patients.

In view of the large information which has been generated from past research and reviews, the question now is, has anything really changed?

Abnormal Behaviour: Contemporary Perspectives

Recent conceptions of abnormal behaviour have followed two major paths, which include:

- The biological / organic models
- The psychological/ social cultural models. However researches have shown incidences of interactions of these models in explaining certain maladaptive behaviours. Some have referred to this model as the convergence model or the *Diathesis - Stress* model, which has also given rise to a very important model in the analysis of abnormal behaviour, referred to as *developmental psychopathology* (Dorris, 1989)

Biological/Organic Model

The assumption behind this model is that brain cells almost invariably causes mental manifestations (personal unhappiness). Little wonder, the slogan "mental diseases are brain disease". The dissecting of the brains of dead mentally disturbed patients have shown some structural defects or abnormalities. The relationships between brain and behaviour have been established through such studies. The role of the nervous system in mental disorder has been emphasized by this model; it tries to understand mental disorders in terms of malfunctioning of brain cells and parts, and imbalances in neurotransmitters and genetic factors. Researchers have shown that many mental disorders have high degree of concordance along family lines. For eg. a family member suffering from a mental disorder, there is a tendency that others within the same family might be vulnerable to such disorder; (increased risk in developing it). In recent years this model has attracted so much attention as newer techniques are being developed for adequate biological assessment of the patients (for e.g. magnetic resonance imagining (MRI), positron emission tomography (PET) scan, electroencephalogram (EEG) etc.). The fact that this model may not explain alone all the time and some of the time the cause of abnormal behaviour there is need for another complimentary model (Carson, Butcher, Mineka & Hooley, 2007).

Psychological Model

This perspective emphasizes the basic role of psychological processes in the development of mental disorders, for e.g. it is believe that learning plays key role in many disorder, phobias or excessive fears of objects or situations are good examples. This view shows that when a person suffers humiliation in a particular situation in the public, he tends to acquire a fear of all social situations which puts him on the spotlight and may avoid them in future occasion. This model also emphasizes the-role of cognition in mental disorder for e.g. faulty thought patterns have given rise to negative feelings which may affects ones mental balance for e.g. when we see ourselves as the cause of our misfortune. Again this model considers the unconscious forces and conflicts within the individual as precursors of maladaptiveness.

Social Cultural Model

The roles of such variables as poverty, poor education, unemployment, and prejudice cannot be underestimated in a review of this model, as some mental disorders are attributable to them. The emphasis here is on the fact that external factors such as negative environment and social conditions, disadvantaged position and tradition can play a role in mental disorders (Cardwell, Clarke and Meldrum, 2008).

Diathesis - Stress Model

This is another important recent model in the understanding of abnormal behaviour. This model views mental disorder as the joint effect of two factors:

1. Vulnerability factor (diathesis)
2. Stressor in the environment (Sarason and Sarason, 2011)

In the view of this model, when an individual has the predisposition or vulnerability towards a given mental disorder, he or she may not be sufferer of such disorder until the influence of the environment which acts as stressor, activates that predisposition or vulnerability in that individual, it is only then that such disorder will begin to manifest.

The model has played significant role in the emergence of new perspective in the study of mental disorders, one that emphasizes the development of such disorder over time: *Developmental psychopathology model* (Dorris, 1989).

Developmental Psychopathology Model

This model emphasizes that problem that are first observed in childhood, infancy or adolescents are often linked to or serve as springboard for disorders that occur in later life, for e.g. shyness in childhood may be a forerunner of some social phobia in adult life, intense fear of social situation may give rise to adverse social adjustment in the individual. As the child grows he encounters relatively new stressors which might activate his or her predisposition to mental difficulties in new environments. Most psychologists believe that this perspective hold a lot in explaining current trends in mental disorder.

However, it will be un-academic to see some of the models explained in the modern perspectives as unnecessary, as they are meant to provide knowledge aimed at helping to understand maladaptive behaviour and how they can be treated.

At this stage it would also be relevant to highlight that the modern perspectives also come with modern therapeutic methods which include:

- Drug therapy
- Electrical therapy (ECT)
- Psychotherapy

- Behaviour therapy

Apart from the electrical treatment which may not be necessary in most cases, (even though it is an old creation, it's resurgence in the clinical circle has become visible again in the United States and the UK) other therapies (like the drug and psychotherapy) are usually combined for faster and effective results.

SUMMARY

In our explanations across the various ages of human existence, it is obvious that, abnormal behaviour is as old as mankind; hence various approaches exist in understanding their existence and methods of treating them. Age specific conceptions have helped in creating awareness and driving contemporary humanitarian approaches in its treatment and management. With research and program developments further milestones are expected.

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