

15.2 The biological/medical model of abnormality

MEDICAL MODEL ASSUMPTIONS

Also known as the somatic, biological, or physiological approach.

NOTION OF NORMALITY

- Properly functioning physiology and nervous system and no genetic predispositions to inherit mental disorder.

NOTION OF ABNORMALITY

- Like physical illness, **mental illness** has an **underlying physical/bodily cause**.
- **Genetic, organic, or chemical disorders** cause mental illness, which gives rise to behavioural and psychological **symptoms**.
- These symptoms can be classified to **diagnose the psychopathology**, which can then be treated through **therapy in psychiatric hospitals to cure the patient**.
- Note the use of medical terminology which this approach has borrowed.

ETHICAL IMPLICATIONS

There are both positive and negative ethical implications of the medical model definition of abnormality:

- 1 Positively for the abnormal individual, the idea that they are mentally 'ill' means that the individual is **not** to be held **responsible** for their predicament – they are more likely to be seen as a **victim** of a disorder that is **beyond their control** and, therefore, they are **in need of care and treatment**. The medical model is, therefore, intended to be a more caring and humane approach to abnormality – especially given the blame, stigmatisation, and lack of care for abnormality that had been the norm before the approach.
- 2 Negatively, the medical model's assumptions have produced many unfavourable ethical consequences.
 - a The assumption that abnormal people are mentally ill and, therefore, **not responsible** for their actions can lead to:
 - the **loss of rights**, such as the right to **consent** to treatment or institutionalisation, and even the right to vote if sectioned under the Mental Health Act.
 - the **loss of an internal locus of control**, loss of self-care, and an abdication of responsibility to others.
 - the assumption that **directive therapy** is needed for the benefit of the mentally ill individual. The concept of directive therapy may be less debatable with acute schizophrenia, where insight may be totally lacking, but becomes more controversial when we consider the rights of depressed patients to withdraw from electro-convulsive therapy which may prevent their suicide.
 - b The assumption that there is always a **biological underlying cause** for mental disorder may be incorrect and, therefore, lead to the **wrong diagnosis and/or treatment** being given.
 - There is not always a clearly identifiable underlying biological cause for disorders.
 - Many disorders have a large psychological contribution to their cause, such as the learning theory explanations of phobia acquisition.
 - Heather (1976) suggests that the basis of defining abnormality is often governed by social and moral considerations rather than biological – thus the inclusion of psychosexual disorders such as paedophilia.
 - c The assumption that mentally ill people are **distinctly different** from mentally well people can lead to **labelling** and **prejudice** against those defined as abnormal under the medical model.

PRACTICAL IMPLICATIONS

The use of the medical model to define abnormality as mental illness can lead to:

- 1 **The use of sectioning** under the Mental Health Act (1983) – the compulsory detention and even treatment of those regarded as mentally ill, if they represent a danger to their own or others' safety. This is based on the medical model assumption that mental illness leads to a loss of self-control and responsibility; but note that a social worker is required to section somebody, in addition to a GP and a psychiatrist (implying that social as well as physical factors need to be taken into account).

Section 2 of the Act can be used to detain people for up to 28 days for observation and assessment of mental illness.
Section 3 of the Act involves the enforced application of treatment and loss of rights.

Power is firmly in the hands of society, since

 - a Section 5 of the act can prevent the right of even the nearest relative to withdraw the sectioned individual from care.
 - b Section 136 gives the police the right to arrest in a public place anybody deemed to show mental illness to maintain security.
 - c Section 139 removes all responsibility for mistaken diagnosis from those involved in sectioning, providing the diagnosis was made in good faith and the legal procedures were carried out correctly.
- 2 **Institutionalisation** – which can have both positive and negative implications:
 - **Positively**, institutionalisation allows the removal to a controlled environment of individuals who may represent a danger to themselves or others. The controlled environment allows the close monitoring, support, and treatment of those suffering from mental illness.
 - **Negatively**, institutionalisation may worsen the condition of the patient, providing them with an abnormal environment and causing the internalisation of the passive and dependent role of 'mental inmate'. Rosenhan's study 'On Being Sane in Insane Places' revealed the often negative treatment received in mental institutions.
- 3 **Biological treatments** – which include the administering of drug treatment, electro-convulsive therapy, or even psychosurgery, all of which have their dangers and side effects as well as the possibility of beneficial effects.

15.3 Psychological models of abnormality

THE PSYCHOANALYTIC APPROACH

Notion of normality

Balance between id, ego, and superego. Sufficient ego control to allow the acceptable gratification of id impulses. No inconvenient fixations or repression of traumatic events.

Notion of abnormality

Emotional disturbance or neurosis is caused by thwarted id impulses, unresolved unconscious conflicts (e.g. Oedipus complex), or repressed traumatic events deriving from childhood. Psychological and physical symptoms are expressions of unconscious psychological causes. Conflict and neurosis is always present to some extent – the difference between the 'normal' and 'abnormal' is only quantitative.

ETHICAL IMPLICATIONS

- **Directive therapy** – due to the unconscious cause of psychological problems and the resistance patients put up to unconscious truths, the patient must trust the therapist's interpretation and instructions. However, psychoanalysis does occur under voluntary conditions.
- **Anxiety provoking** – psychoanalysis can reveal disturbing repressed experiences.
- **Humane** – psychoanalysts do not blame or judge the patient, who is not responsible for their problems.

PRACTICAL IMPLICATIONS

- **Expensive** – Freud argued you do not value what you do not pay for.
- **Long term** – several sessions a week for many months are usually required, although Maillan's Brief Focal Therapy is faster.
- **No institutionalisation** required.
- **Low success rates** – with many disorders, e.g. psychoses.

THE BEHAVIOURAL APPROACH

(Also known as the behaviourist or learning theory approach)

Notion of normality

A learning history that has provided an adequately large selection of adaptive responses.

Notion of abnormality

Maladaptive responses have been learnt or adaptive ones have not been learnt. Observable, behavioural disorder is all abnormality consists of. Abnormal behaviour is not a symptom of any underlying cause.

ETHICAL IMPLICATIONS

- **Directive therapy** – due to the environmental determinism of behavioural problems, patients need to be re-programmed with adaptive behaviour.
- **Stressful** – behaviour therapy can be painful and disturbing, e.g. flooding and aversion therapy.
- **Humane** – specific maladaptive behaviours are targeted, the whole person is not labelled.

PRACTICAL IMPLICATIONS

- **Relatively cheap** – due to the fairly quick nature of treatments.
- **High success rates** – with certain disorders.
- **Institutionalisation** – may be required to ensure environmental control with certain treatments, e.g. selective reinforcement for anorexia.

THE COGNITIVE APPROACH

Notion of normality

Properly functioning and rational cognitive thought processes that can be used to accurately perceive the world and control behaviour.

Notion of abnormality

Unrealistic, distorted, or irrational understanding and thoughts about the self, others, or the environment. Difficulty in controlling thought processes or using them to control actions.

ETHICAL IMPLICATIONS

- **Semi-directive therapy** – due to the client's problems controlling their thoughts, external aid has to be provided by the therapist, although this will vary in its directiveness depending on how forceful the persuasive techniques used by the therapist are.
- **Stressful** – rational emotive therapy can be disturbing although most cognitive therapy is humane.

PRACTICAL IMPLICATIONS

- **Relatively cheap** – depending on length of therapy.
- **Fairly high success rates** – with certain disorders and when combined with behavioural therapies.
- **No institutionalisation** is usually necessary.

THE HUMANISTIC APPROACH

(Also known as the phenomenological or existential approach)

Notion of normality

Positive self regard, ability to self actualise, healthy interpersonal relationships, and responsibility and control over life.

Notion of abnormality

It is wrong to talk of abnormality, since everyone is unique and experiences 'problems with living' occasionally. These problems stem from interpersonal relationships (which prevent individuals being true to themselves) and thwarting environmental circumstances (which prevent self actualisation). The client should not be labelled or directed.

ETHICAL IMPLICATIONS

- **Non-directive therapy** – clients have free will and, therefore, the responsibility and capability to change their thoughts and behaviour (with insightful help).
- **Humane** – the happiness of the client is of most importance. The client is given unconditional positive regard.
- **Non-labelling** – humanist therapists believe labelling is counter-productive and irrelevant, since each person is a unique individual.

PRACTICAL IMPLICATIONS

- **Fairly expensive** – based on length of therapy required.
- **No institutionalisation** – is necessary, since treatment is completely voluntary.
- **Low success rates** – with many disorders, e.g. psychoses. Better success with 'problems with living' in interpersonal areas.