


# Contemporary Issues & Models in Abnormal Psychology



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## Themes Related to Abnormal Psychology's Subject Matter

- **ABNORMAL PSYCHOLOGY IS EMPIRICAL**
  - To be empirical means to be based on experience, on personal observation.
  - All that we know about abnormal behavior is derivable from experience.
  - That is, abnormal psychology's assertions about abnormal behavior are based solely on scientific evidence...
  - ...and not on
    - SPECULATION,
    - PERSONAL OPINION,
    - FOLKLORE,
    - HEARSAY,
    - TRADITION,
    - or any other non-empirical source
- **ABNORMAL PSYCHOLOGY IS THEORETICALLY DIVERSE**
  - In astronomy, all astronomers function under a single paradigm or model, namely, that the sun is the center of the solar system and the planets revolve around it.
  - Abnormal psychology, by comparison, has multiple theories to explain abnormal behavior.
  - For example, there are biological, psychoanalytic, behavioral, and other models focused on the causes of abnormal behavior.

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## Themes Related to Abnormal Psychology's Subject Matter

- **ABNORMAL BEHAVIOR IS DETERMINED BY MULTIPLE CAUSES**
  - While human nature seems to propel us to look for singular or simple explanations of human abnormal behavior, experience tells us single causes are not usually sufficient.
  - Abnormal behavior most often is caused by multiple factors, an idea referred to as multifactorial causation of behavior.
  - Example: Your little brother fails at school.
    - Is it a sign of ADHD, or is it a simple interpersonal problem, or does he need glasses or a hearing aid? Perhaps there are several factors involved.
- **ABNORMAL BEHAVIOR IS SHAPED BY CULTURAL FACTORS**
  - A person's cultural background exerts considerable influence over their normal and abnormal behavior.
  - Example 1: Etiquette in regard to "cleaning your plate" at dinner party in North America versus India.
  - Example 2: Punctuality customs in North America versus Asian and Latin American cultures.

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## Themes Related to Abnormal Psychology's Subject Matter

- **ABNORMAL PSYCHOLOGY'S EXPLANATIONS EVOLVE IN A SOCIOHISTORICAL CONTEXT**
  - What aspects of abnormal behavior psychologists focus their attention on and how abnormal behavior is explained is influenced by social and historical events.
  - Example: Freud's views concerning the prime motivating forces of human behavior were heavily influenced by the mores at the time and on world events.
- **HEREDITY AND ENVIRONMENT JOINTLY INFLUENCE ABNORMAL BEHAVIOR**
  - The issue addressed here is that of the role played in our behavior by our biology, our nature, versus the role played by our experiences in the world since birth by our environment, i.e., by our nurture.
  - This debate among psychologists and others is referred to as the NATURE – NURTURE CONTROVERSY.
  - ABNORMAL BEHAVIOR is often caused by a combination of hereditary factors and environmental factors.
    - genotypes can be positively and adversely affected by the environment. Examples.

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## On the Causes of Abnormal Behavior

- Most clinicians today are eclectic.
  - To be eclectic means to not adhere rigidly to a single explanatory model remembering also that...
    - ...there are often multiple causal factors involved in any individual person's case.
- All psychopathology, furthermore, is ultimately reducible to behavior...
  - ...behavior that is distressing, dysfunctional, dangerous, or maladaptive in some way.
- The big question for the clinician is – What might be responsible for the behavior NOW?

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## On the Causes of Abnormal Behavior

- Finally, in a crisis situation, of course, for example,
  - ...during the clinical interview designed to assess a person's "presenting complaint" or "problem,"...
  - ...or while the clinician is in the process of determining what needs to be done immediately to help the person...
    - ...whether or not the clinician believes...
    - ...that biology is destiny, or
    - ...that much abnormal behavior has been learned, or
    - ...that faulty cognitions are largely to blame in most cases...
- ...is largely irrelevant. Her theoretical views are not relevant at that time.

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## On the Causes of Abnormal Behavior

- When focusing on the causes of any behavior in psychology...
  - ...a distinction is often made between *personal factors* (or *dispositions*) contributing to its occurrence...and
  - ...*situational factors* which also may contribute.
- *Personal factors* include the multitude of internal organismic (meaning biological), personality, cognitive, and life-history experiences that may contribute causatively to behavior in the here and now.
- *Situational factors* refer to the multitude of external environmental conditions, social, interpersonal, societal, etc. which may also contribute.

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## On the Causes of Abnormal Behavior

- The technical term describing a disorder's **causal pattern** is its **ETIOLOGY**.
- A disorder's *etiology* invariably involves multiple factors including:
  - Factors occurring early in life predisposing a person to a disorder; and,
  - ...other current factors that have functioned as a *trigger*, precipitating the current condition.
- While we use the distinction between *personal* and *situational* factors mostly to describe normal behavior, ...
- ...when discussing abnormal behavior, current thinking employs the *diathesis-stress model*.

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## On Diathesis-Stress Model

- The term *diathesis* (plural *diatheses*) refers to a constitutional predisposition toward a particular state or condition and especially one that is abnormal or diseased.
- *Diatheses* underlying a disorder can be biological, sociocultural, or psychosocial in nature.
- The model takes the position that abnormal behavior is the result of *stress triggering* a reaction in a person who is *predisposed* by the *diatheses* in his background.

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## On Diathesis-Stress Model

- Not all *diatheses* affect people in the same way.
  - Some persons are more *resilient* due to any number of factors including:
    - ...having been raised in a warm, supportive family home;
    - ...having had positive experiences in school;
    - ...having an easy going temperament;
    - ...having high self-esteem;
    - ...being intellectually bright; and,
    - ...having experienced stressful events before and gotten through them successfully...
      - ...inoculating the person, so to speak, making them less vulnerable.
  - Typically, neither the *diatheses* nor the *stressors* are sufficient to cause a disorder; but,
  - ...in combination, when they interact, they can push an individual over the edge.

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10

## The Biological Model ~ 1

- This model, also known as the "medical model," takes the position that abnormal behavior is physically based and may be due either:
  - to brain disorders, injury, birth defects, or disease;
  - substance induced conditions or injury; or,
  - inherited organic deficiencies.
- Many conditions have known genetic or physical causes:
  - Down's Syndrome, for example, is caused by a known **genetic abnormality**;
  - Alzheimer's is caused by the slow **physical deterioration of brain function**;
  - schizophrenia can run in families, e.g., as it did in the famous Genain quadruplets at right; and,
  - some depressions are caused by neurotransmitter deficiencies.



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## The Biological Model ~ 2

- Specific physical factors that can be linked causatively with abnormal behavior would include:
  - **neurotransmitter & hormonal imbalances**, e.g.,
    - neurotransmitter imbalances in depression; or,
    - hormonal imbalances in cyclical disorders such as **premenstrual dysphoric disorder**; and,
    - hormonal imbalances affecting sexual development;
  - **genetic vulnerabilities** such as is seen in the familial forms of depression and schizophrenia.

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## The Biological Model ~ 3

### Other Specific factors include:

- **physical deprivation** leading to stunted growth and concomitant brain and/or other lasting damage leading to...
  - maladaptive behavior in school age children with the potential to...
    - ...carry over into adulthood.
- **constitutional liabilities** such as:
  - physical handicaps (e.g., low birth weight and later learning problems)
  - Temperament, e.g., the "fearful" child who is more prone to acquiring classically conditioned fears and thereafter potentially dysfunctionally fearful social situations as in *social phobia*.
- **brain dysfunction & birth defects** such as the brain dysfunction associated with frontal lobe injuries and in birth defects such as microcephaly and hydrocephaly.

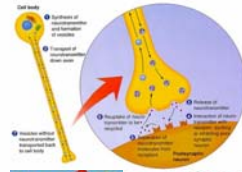


Microcephalic plaster head casts from the Spurzheim collection at Harvard (by aaw).

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## The Biological Model ~ 4

### The transmission of information from one neuron to another



### Common neurotransmitters associated with abnormal behavior include:

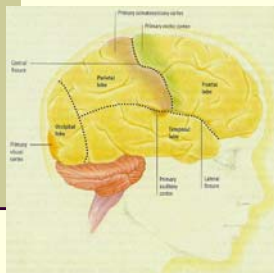
- **Dopamine** - decreased activity is associated with Parkinson's disease;
- increased activity with schizophrenia.
- **Serotonin** - involved in the regulation of sleep and wakefulness, eating and aggression.
  - Deficiencies are associated with depression.
  - Prozac (Fluoxetine) is a member of a class of selective serotonin reuptake inhibitors (SSRIs) designed to treat this condition.
  - It is now widely prescribed for other conditions as well, e.g., OCD, anxiety disorders, eating disorders, even ICB (irritable bowel syndrome).



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## The Biological Model ~ 5



- Injury to the brain can cause quite serious behavioral symptoms associated with abnormal behavior.
- The brain is geographically divided into four lobes:
  - frontal
  - temporal
  - parietal
  - occipital
- Functions associated with these lobes can be seriously impaired if injured by blunt trauma, neoplastic growths, disease, or arterial damage.

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## The Biological Model ~ 6



- The **occipital lobe**
  - This lobe is responsible for the interpretation of visual images; and,
  - visual memory.
- When it is injured clinical signs could include:
  - visual illusions
  - visual hallucinations
  - disturbed spatial orientation
  - blindness,
  - and others.

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16

## The Biological Model ~ 7



- The **parietal lobe**
  - This lobe receives and identifies sensory information from tactile receptors;
  - processes some visual and auditory sensations.
- When it is injured clinical signs could include:
  - Either or both hemispheres:
    - right-left disorientation
    - finger agnosia
  - Dominant hemisphere:
    - alexia
    - agraphia
    - dyscalculia

finger agnosia - loss of ability to recognize objects by touch

alexia - loss of understanding of written words

agraphia - loss of ability to write

dyscalculia - loss of ability to understand and deal with numbers

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17

## The Biological Model ~ 8



- The **temporal lobe**
  - This lobe is responsible for memory especially via the hippocampus;
  - comprehension of language;
  - sexual and aggressive behavior;
  - interpretation of gustatory and olfactory sensations; and,
  - ...it is a major component of the limbic system.
- When it is injured clinical signs could include:
  - memory impairment;
  - diminished language comprehension;
  - loss of control of sexual and aggressive drives; and, other disorders such as...
  - ...temporal lobe epilepsy

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18

## The Biological Model ~ 9

### ■ Temporal Lobe Epilepsy

- Temporal Lobe Epilepsy (TLE) is a special species of epilepsy characterized by:
  - religious fervor
  - aggression
  - increased sociability or sexuality
  - an unquenchable creative compulsion
- Well-known personages suspected of having this disorder include:
  - Moses
  - Edgar Allen Poe
  - Lewis Carroll
  - Joan of Arc
  - Vincent van Gogh



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19

## The Biological Model ~ 10

### ■ Van Gogh's Temporal Lobe Epilepsy ~ 1

- Vincent van Gogh had both TLE and bipolar disorder; and,
  - ...he was one of the most prolific artists of all time
  - In one 10 year period, for example, he produced 2000 paintings and drawings.
    - ...yet he sold only one painting during his lifetime...his "Portrait of Dr. Gachet", moreover, sold in 1990 for \$82,500,000.
    - It is the second most expensive painting ever sold exceeded only by a Picasso in 2004.
  - He was a compulsive writer also & produced 1700 pages of hand-written correspondence.
  - His other symptoms included:
    - Hyper-religiosity;
    - Unstable sexual behavior;
    - Intermittent aggressive behavior;
    - Stickiness in interpersonal relations; and,
    - a propensity for self-destructive behavior and even suicidal behavior.
      - He was so upset after a drunken argument with his would be "lover," the painter Paul Gauguin, he cut off his own ear!



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20

## The Biological Model ~ 11

### ■ Van Gogh's Temporal Lobe Epilepsy- 2

- At the age of 37, following a rejection by his physician, despair drove him to shoot himself in the chest. The shot just missed his heart.
- Apparently his TLE kicked in at this time so powerfully that he developed a profound unquenchable drive to paint; and,
- ...stumbling wounded back to his studio produced three more paintings before he died.
- The brush strokes on these last paintings appear as bold exuberant slashes on the canvas suggesting that there was a frantic, frenzied, manic genius at work.

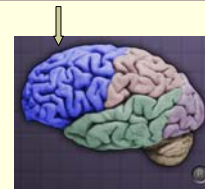


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## The Biological Model ~ 12



### ■ The frontal lobe:

- This lobe is reciprocally connected with motor, sensory, and emotional brain areas.
- It controls contralateral movement;
- produces speech (in dominant hemisphere);
- is critical to personality, abstract thinking, memory, judgment,...
- ...and other higher mental functions.
- When it is injured clinical signs could include:
  - inappropriate or uninhibited behavior;
  - irritability and unstable or flat affect;
  - depression & lack of motivation;
  - difficulty with attention, memory, and other cognitive deficits.

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22

## The Biological Model ~ 13



### ■ The case of Phineas Gage

- On September 13th, 1848, in the process of setting an explosive powder charge while working on a railroad track cutting in Cavendish, Vermont,...
- ... the charge prematurely and unexpectedly went off sending a 13 1/2 pound 3 foot 7 inch long "tamping iron" (referred to historically also as a "crowbar")...
- ...up through the lower left jaw and out through the top of the skull of 25 year old Phineas P. Gage(1823-1860).

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## The Biological Model ~ 14



### ■ Phineas Gage (continued):

- Remarkably, Phineas remained conscious and communicated with his friends as they rushed him to a tavern in town where he lived.
- He was treated and survived, moreover; and,
- ... lived for just short of twelve more years.
- His personality characteristics and social behavior, however, changed dramatically...
- ...and he became an object of study by the medical community thereafter.

What appears to have transpired was that Gage's frontal lobe connections with his limbic system were severed thereby removing the frontal lobe's ability to restrain many behaviors but particularly his emotionality.

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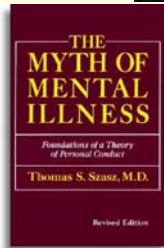
24

## The Biological Model ~ 15



Not all of psychiatry agrees, however, that ultimately we will discover a physical bases for most if not all abnormal behavior.

- Thomas Szasz, for example, believes that the idea that an immaterial mind can be diseased in the same way as a very material brain can is foolish.
- In "The Myth of Mental Illness" he has argued that psychiatry has gone too far with its medicalization of what are more properly called "problems in daily living."
- He points to the what psychiatry has done in the 20<sup>th</sup> century as proof of his argument.
- In the DSM IV TR, for example, he would find listed along with other "mental disorders" such "problems in living" in the guise of mental diseases as:
  - Occupational Disorder ( V62.2 ), such as job dissatisfaction.
  - Academic Problem ( V62.3 ), including a pattern of failing grades.
  - Religious or Spiritual problem(V62.89 ), including a questioning of one's personal spiritual values.



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## The Psychodynamic Model



Based on the original psychoanalytic theories of Sigmund Freud; and,

...revised by others over the past 115 years, this model emphasizes the critical importance of:

- unconscious processes
- psychic determinism
- instinctual forces
- early life developmental experiences
  - including the theory of an *Oedipal* and *Electra Conflict*
- the role of anxiety in human affairs
- ...and the idea that our personality is pretty much fully formed by about the age of 6.

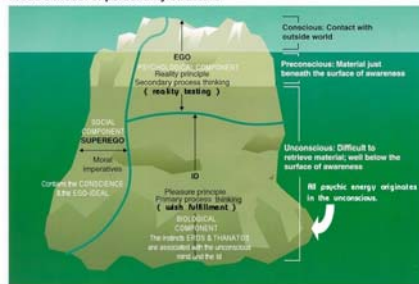
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26

## The Psychodynamic Model

Freud's model of personality structure



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27

## The Psychodynamic Model

Stage	Approximate Age	Erotic Focus	Key Tasks and Experiences
Oral	0-1	Mouth	Weaning (from breast or bottle)
Anal	1-3	Anus	Expelling or retaining feces; Toilet training
Phallic	3-6	Genitals	Identifying with adult role models; coping with Oedipal crisis
Latency	6-12	None	Expanding social contacts
Genital	Puberty onward	Genitals	Establishing intimate relationships; contributing to society through working

**oral-dependent personality** a passive person who takes more than he gives  
**oral-aggressive personality** a hostile/vocal person who is also exploitative  
**oral-egoistic personality** a domineering, manipulative person (Oscar of 'The Odd Couple')  
**oral-sensory personality** a sassy, compulsive "sensual" (Felix of 'The Odd Couple')  
**phallic personality** a person who is vain, narcissistic, & exhibitionistic.

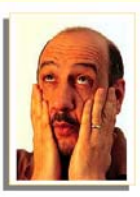


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28

## The Psychodynamic Model



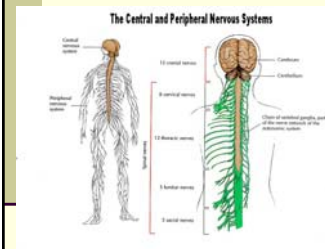
- Anxiety plays a major role in human affairs.
- It is a motivating force which propels the person to do something to control or eliminate it.
- Freud identified three types:
  - Reality Anxiety
  - Neurotic Anxiety
  - Moral Anxiety

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29

## The Autonomic Nervous System & Anxiety



The human nervous system is divided into:

- the **central nervous system**
  - consisting of the **brain** and **spinal cord**; and,
- the **peripheral nervous system**
  - consisting of the **somatic nervous system**; and,
  - the **autonomic nervous system**
- the **autonomic nervous system** is further subdivided into
  - the **parasympathetic** and
  - sympathetic** divisions.

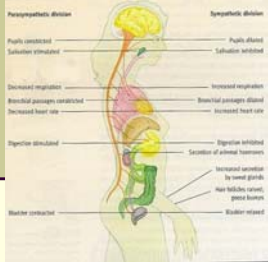
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30

## The Autonomic Nervous System & Anxiety

### The Autonomic Nervous System



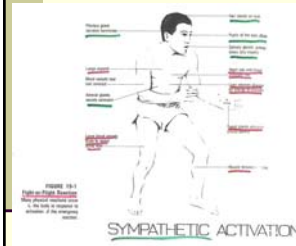
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31

- Within the autonomic nervous system...
  - ...the **parasympathetic division** is active when we are going about our normal daily affairs devoid of tension or threat;
  - ...the **sympathetic division** kicks in when we confront tension-filled situations or threats.
  - It prepares the person to either...
    - fight the threat; or,
    - flee.

## The Autonomic Nervous System & Anxiety



"Fight or Flight"

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- The "fight or flight" reaction basically prepares the body to defend itself.
- It is a state of heightened arousal that propels the person to act.
- Apart from the **physiological signs** and **symptoms** it produces, however,
- ...it also produces very distressing **cognitive symptoms**.

## The Autonomic Nervous System & Anxiety



A parasympathetic nervous system moment on African savannah.



A sympathetic nervous system moment elsewhere on the savannah.

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- Anxiety is a term used to describe the physical and psychological feeling of discomfort associated with the emotions of...
  - ...apprehension;
  - ...fearfulness; and, an
  - ...uneasy cognitive sense of impending doom.
- Its effects can not be tolerated for long.
- If it persists, health problems may arise precipitating what are known as psychosomatic disorders...
  - ...such as **migraine headaches**, **eczema**, **hypertension**, and **asthma** to name a few.

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## The Autonomic Nervous System & Anxiety

### ■ Symptoms of anxiety include:

- heart palpitations
- shortness of breath
- clammy hands
- goose bumps
- chest pains, pressure, or discomfort
- a choking sensation
- derealization (a feeling that things are unreal)
- depersonalization (a feeling of being apart from the self)
- feeling that one is losing self control
- trembling or "jelly" legs

Persons experiencing "anxiety disorders" of one sort or another, experience many of these symptoms simultaneously ...  
 ...IN THE ABSENCE OF AN OBSERVABLE THREAT AS WOULD BE THE CASE IN REALITY ANXIETY.

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## The Psychodynamic Model

- The classic psychoanalytic view of the origin of the neuroses,
  - ...in all of which **anxiety is central**...
  - ...also regards conflict as essential as well.
- The conflict may arise as a result of the dynamic interplay of the **ID** and **EGO** or...
- ...as a result of conflict between **internal drives** and **external reality**.
- Whatever the case may be, however, ego defense mechanisms come into play in the process of attempting to cope with the conflict or discomfort.

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36

## Ego Defense Mechanisms

- Narcissistic Defenses:
  - **projection** ~ reacting to inner impulses by attributing them to others, as if they were not a part of the self.
    - On the psychotic level may lead to delusions about reality, usually persecutory.
  - **denial** ~ avoiding conscious awareness of something personally painful by denying it exists.
- Immature Defenses:
  - **regression** ~ returning to an early stage of psychosexual development due to perceived threats in the current stage.
    - A certain amount of this is actually normal being essential to such behavior as relaxation.
  - **hypochondriasis** ~ exaggerating or over-emphasizing minor health problems for the purpose of evasion or regression.

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37

## Ego Defense Mechanisms

- Neurotic Defenses:
  - **repression** ~ unconscious putting out of awareness of thoughts, feelings, and emotions associated with some traumatic or anxiety inducing event.
    - Repressed material may then re-emerge in another defense, e.g., in a somatiform conversion disorder.
  - **dissociation** ~ drastically, albeit unconsciously, altering personal identity to escape distress.
    - Fugue states & dissociative identity disorder are examples.
- Mature Defenses:
  - **sublimation** ~ redirecting instinctual energy, particularly libidinal (sexual) energy into socially useful pursuits.
  - **suppression** ~ consciously expelling unpleasant or threatening impulses or thoughts out of awareness.

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38

## On the Impact of Psychoanalysis

- In historical perspective, Freudian psychoanalysis is the first systematic approach to explain mental disorders as due to psychological processes.
- Furthermore, much as the biological approach in the late 1800s replaced earlier less valid models of mental illness, psychoanalysis at least *partially* replaced the biological model ...
  - ...by explaining at least some psychopathology as due to intrapsychic conflict, and
  - ...exaggerated ego defense mechanisms.
- His emphasis on unconscious determinism and the role of early life experiences, moreover, ...
  - ...advanced our understanding of both normal and abnormal behavior enormously.

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39

## The Behavioral Model

- This model is based on the two principle models of human learning, *viz.*,
  - Ivan Pavlov's "Classical" Conditioning; and,
  - B. F. Skinner's "Operant Conditioning."
- J. B. Watson is also a significant player for demonstrating that Classical Conditioning could be used explain how phobias are acquired.



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## The Behavioral Model

- Classical conditioning focuses on the learned association between...
  - ...an **unconditioned stimulus** and a neutral **conditioned stimulus**.
  - Following conditioning, the **unconditioned reflex** which at first was elicited only by the **unconditioned stimulus**...
  - ...is now elicited by the previously neutral **conditioned stimulus** creating a new learned behavior, namely,
  - ...the **conditioned reflex**.
- Operant conditioning focuses on the learned association between an **antecedent stimulus**, a **response**, and a **consequence**.
  - Responses followed by **positive consequences** tend to continue and increase in their rate of occurrence, whereas...
  - ...responses followed by **negative consequences** discontinue.

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41

## The Behavioral Model

- In both learning models...
  - The mechanisms of...
    - ...stimulus generalization
    - ...discrimination
    - ...extinction; and,
    - ...primary and secondary reinforcers
- ...play a role.

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## The Cognitive Model

- Some cognitive theorists such as Albert Ellis, believe that erroneous thinking, e.g.
  - ...irrational beliefs; or,
  - ...disturbed thoughts...
- ...may cause many dysfunctional problems.
- Cognitive-behavioral psychologists such as Albert Bandura...
  - ...combine the views of the cognitive psychologists with ...
  - ...some features of behaviorism to explain learning.
- Whereas behaviorists such as Skinner believe that it is the environment that is all important in explaining learned behavior...
- Bandura believes that human beings regulate their behavior by internal processes, namely, their thoughts.
  - He believes that we do not always require external reinforcement...
  - Our cognitive capabilities, he argues, allow us to solve many problems on our own.



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43

## The Impact of the Behavioral Model

- While Skinner would have argued that even a psychotic's ramblings and behavior are subject to both reinforcement or punishment.
  - Meaning here that the laws of learning could still apply (recall the Watertown, MA example).
- And, while J. B. Watson dramatically demonstrated that phobias could be acquired by classical conditioning.
  - And, Mary Cover Jones showed that they could be removed by the same mechanism starting the behavior therapy movement in the process.
- It would be as much of a stretch to say most (if not all) dysfunctional behavior is understandable by examining a person's past reinforcement history...
- ...as it would to blame a person's passage through hypothetical psychosexual stages...
- ...or the psychodynamic interplay of hypothetical entities such as id, ego, and superego...
- ...as it would to blame it all on biology.

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44

## When all is Said and Done

- In the end:
  - It is self-evident that human behavior is thoroughly complex.
  - It is also self-evident that abnormal behavior has multiple causes.
  - It is also self-evident that the biological, psychoanalytic, behavioral, and cognitive-behavioral models are not the only ones receiving clinical attention.
    - The humanist and existential perspectives are two others that come to mind.
  - And, it is also self-evident that each individual behaving oddly or in distress and in need of clinical assistance has his own story.
    - And, while several models may compete to explain his mental state, behavior, and what might be to blame, ...
    - ...it may be that it will take the combined views of several of models to understand or that one will emerge as better than the others.
- Finally, if one were to pose the question: "Which is best?" The answer would have to be:
  - "It depends."

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45

This presentation was created by  
Anthony A. Walsh, Ph.D.  
for his personal use.  
He may be contacted at  
[walsh@salve.edu](mailto:walsh@salve.edu)  
or at  
Salve Regina University  
100 Ochre Point Avenue  
Newport, Rhode Island 02840-4192  
401-849-4884  
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46