

Various Psychological Methods for Studying Abnormal Behaviour

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ABSTRACT - Abnormal psychology is a division of psychology that studies people who are "abnormal" or "atypical" compared to the members of a given society. The definition of the word abnormal is simple enough but applying this to psychology poses a complex problem: abnormal behaviour is studied by clinical psychologists by some methods. This article throws light upon the top four methods to study abnormal behaviour in human. This article also summarises the different perspectives of abnormal human behaviour with the study of deviation of ideal mental health.

KEYWORDS- Psychology, Abnormal behaviour, Mental health, Complex problems etc.

I. INTRODUCTION

The scientific study of typical or uncommon individuals with the goal of being able to accurately forecast, explain, diagnose, pinpoint the root causes of, and treat maladaptive behaviour is known as abnormal psychology. The term psychopathology, which refers to the academic study of psychological illnesses, is more sensitive and less stigmatising. What constitutes aberrant behaviour and what constitutes a psychological or mental disorder, according to these definitions?

The field of psychology known as "abnormal psychology" focuses on persons who are "abnormal" or "atypical" in comparison to other people in a certain community. The definition of the word abnormal is straightforward, but when applied to psychology, it raises a challenging question: what is normal? What standard? what age is this? What culture is this? The definition of abnormality is vague and challenging. Examples of abnormality can have a wide variety of shapes and characteristics, making it difficult to define something that initially seems to fit the bill.

THEORY AND DEFINITION- A psychological dysfunction that causes discomfort or impairs functioning and deviates from conventional or anticipated behaviour in accordance with society or cultural standards is referred to as a psychological disorder (also known as a mental condition). This definition consists of three parts (3 Ds). Now let's breakdown these:

Dysfunction – "Clinically significant disturbance in an individual's cognition, emotion regulation, or behaviour that suggests a failure in the psychological, biological, or developmental processes underpinning mental functioning" is included in this definition. Defects in cognition, emotion, and/or behaviour are what are meant by the term "dysfunction," in other words. For instance, a person with omnipotence delusions might experience cognitive dysfunction since his thought processes are inconsistent with reality. An emotional collapse would occur in someone who is unable to enjoy life. Finally, someone who experiences a breakdown in conduct is someone who is afraid of having a panic attack and is unable to leave her home and go to work. A person's performance can be evaluated by comparing it to what is expected generally or to how they have previously done. Abnormal behaviour has the potential to make our well-being difficult to attain.

Distress or Impairment – Pain, either psychological or physical, or both at once, can be a symptom of distress. Distress is simply another word for misery. Distress by itself, however, does not qualify behaviour as abnormal. How come? Even the most "normally" functioning person would feel anguish and suffering after losing a loved one. Athletes who have injuries that end their careers would also show distress. Life will always involve suffering; it cannot be avoided. Additionally, some individuals who act in an unorthodox manner often have a cheerful outlook. Usually, for conduct to be considered abnormal, impairment must be apparent even in the absence of distress. When a person is "in social, occupational, or other important tasks," they are said to be impaired. In other words, impairment describes a situation where a person is unable to carry out daily activities normally (e.g., can no longer maintain minimum standards of hygiene, pay bills, attend social functions, or go to work). Once more, in order to consider behaviour aberrant and to diagnose a psychological disease, it is often necessary to experience distress and/or functional impairment.

Deviance- The word abnormal, when examined more closely, denotes a departure from what is usual, typical, or average. Our culture, which includes all socially transmitted behaviours, customs, values, technology, attitudes,

beliefs, art, and other products unique to a group, establishes what is normal. As a result, someone is said to be deviant when they violate either the explicit or implicit social norms, also known as social norms. As accepted beliefs and expectations evolve, so does what society considers to be "normal."

DIFFERENT PERSPECTIVES ON ABNORMAL BEHAVIOR.

Abnormal psychologists research people's emotional, cognitive, and/or behavioural issues. Behavior that is painful, maladaptive (or self-defeating), unsettling (socially unacceptable), and frequently the outcome of distorted thoughts is considered abnormal behaviour (cognitions). The origins of anomalous behaviour are attempted to be explained from a variety of perspectives (models, techniques drawn from evidence), and theories.

The medical perspective. According to some who adopt a medical approach, abnormal conduct is caused by biological and physiological elements and is treated as a disease or mental illness that can be identified by symptoms and treated. Instead of conducting psychological research, hospitals and medications are frequently chosen as therapy options. (Recent studies relating certain deviant behaviours to biochemical abnormalities has offered some support for this strategy.)

The psychodynamic perspective. The psychodynamic perspective, proposed as an alternative to the medical model, evolved from Freudian psychoanalytic theory, which contends that psychological disorders are the consequence of anxiety produced by unresolved, unconscious conflicts. Treatment focuses on identification and resolution of the conflicts.

The behavioral perspective. According to proponents of the behavioural approach, improper or inefficient conditioning and learning lead to deviant conduct. The goal of treatments is to alter abnormal behaviour and, through the use of conventional learning techniques, to teach new, more suitable, and more adaptable responses. For instance, a behavioural analysis of a child abuse case can conclude that a father abuses his children because he picked up the bad parenting habits from his father and has to acquire better parenting techniques.

The cognitive perspective. The cognitive perspective claims that people act abnormally as a result of certain thoughts and actions that are frequently founded on their incorrect assumptions. The goal of treatments is to assist the maladjusted person in creating new thought patterns and values. In therapy, unhealthy habits are unlearned and replaced with more beneficial ones.

The social-cultural perspective. According to the social and cultural perspective, abnormal conduct is acquired within a social context, which can include the family, community, and culture. It is thought that cultural factors, learned through learning and cognitive processes, have a significant role in developing abnormal behaviour. For instance, psychiatric disorders like bulimia and anorexia nervosa are more prevalent in Western countries, which place a high priority on a slender female body.

STUDY OF DEVIATION FROM IDEAL MENTAL HEALTH

Departure from the state of optimal mental health is what is known as abnormality. In other words, psychologists define what is normal/ideal mental health, not what is abnormal, and anything that deviates from this is considered abnormal. We must decide what qualities are essential for mental wellness in order to do this. Jahoda (1958) outlined six indicators that could be used to assess mental health:

1. Self-esteem that is positive
2. Growth and development potential
3. Independence and self-reliance
4. Accurate reality perception
5. Reliable friendships and connections
6. Environmental mastery - the capacity to fulfil the many requirements of everyday circumstances

PSYCHOLOGICAL METHODS FOR STUDYING ABNORMAL BEHAVIOUR

Abnormal behaviour is studied by clinical psychologists by some particular methods. Here we are discussing the top four methods. The methods are: 1. Case History Method 2. Clinical Method 3. Experimental Method 4. Follow up Method.

1. Case History Method: In aberrant psychology, this approach is inevitable. The first step in studying an aberrant personality is to identify the cause of the aberration. The case history technique is urgently required to track the patient's history. Without knowing the patient's case history, it is impossible to interpret the disease's

genesis and course of progression. When a patient first visits a psychiatrist for counselling or therapy, the psychiatrist first creates a thorough record of the patient's financial, physical, social, and psychological problems going all the way back to early infancy. The clinical psychologist thoroughly documents the patient's family history, the sort of school where he receives his education, his academic achievement, his peer group and playmates, his successes and failures in life, his fears and worries, the first appearance of the condition, etc. The likelihood of the condition being cured is remote unless the patient's case history is gathered. When a patient loses contact with reality, it is impossible to gather his medical history. Therefore, it is possible to obtain a correct and accurate history of the patient's background even in cases of moderate types of abnormality. However, in cases of severe kinds of abnormality, any family member who has known the patient well since childhood can assist in obtaining the patient's accurate case history. Without the patient's case history, it would be impossible to identify and treat the patient's condition. When addressing juvenile offenders and problem children, the case history method is especially crucial.

2. Clinical Method:

The clinical approach is more thorough than the case history approach. A doctor performs all kinds of medical examinations in a clinic. The psychiatrist conducts a thorough psychological analysis of the patient after the patient has undergone a complete medical examination. The psychologist searches for any physical conditions that might be causing the psychological illness. The patient's mental problems are also investigated because they can be the root of his physical disorders and abnormalities. Examined are numerous personality traits, emotional instability, etc. Additionally, social workers are available to provide information about the patient's social environment and surroundings in general. The patient may be recommended to modify his environment if it is necessary for the treatment of his illness.

A clinical psychologist, psychiatrist, and social worker must work together in the clinical approach. For the condition to be cured quickly, the patient's cooperation is also necessary. The patient is treated in light of the information and observations provided by the aforementioned professionals. Following thorough information gathering and disease diagnosis, psychoanalytic counselling may be required to treat the condition.

3. Experimental Method:

The experimental approach to learning about maladaptive behaviour has lately been used to abnormal psychology. Numerous therapeutic techniques, such as electrotherapy, were initially tested on animals before being used to people. Today's cutting-edge psychiatric facilities also make substantial use of the insulin and shock therapy. The experimental technique has been used to study a variety of psychoanalytic themes, including unconscious anxiety, frustration, regression, repression, projection, etc.

4. Follow up Method:

The patient's recovery may only be temporary. Actually, without a follow-up research, it is impossible to determine whether the treatment is successful or unsuccessful. The doctor continues to monitor the patient after they have recovered. This demonstrates the longevity of the therapy. Therefore, the follow-up procedure is crucial for assessing the extent of therapy. Keeping records of each patient's information is the proper follow-up strategy. A concrete understanding of the use of any approach requires the follow-up method.

II. CONCLUSIONS

In conclusion, even though there isn't a single behaviour that can be used to categorise people as abnormal, the majority of clinical professionals concur that any behaviour that deviates from social norms or is unexpected within a given culture, that leads to dysfunction in cognition, emotion, and/or behaviour, and that results in distress or functional impairment is abnormal behaviour. With this knowledge, let's talk about what mental illnesses are. The more the requirements of viewpoints of deviant conduct are met, the healthier the person is, according to the methodology of this article. As a result, we might claim that the idea of abnormality is vague and challenging to describe. Examples of abnormality can have a wide variety of shapes and characteristics, making it difficult to define something that initially seems to fit the bill.

REFERENCES

- [1]. Laland, K. N. & O'Brien, M. J. *Biol. Theory* 6, 191–202 (2011).
- [2]. Kandler, A. & Powell, A. *phil. trans. r. soc. lond. b* 373, 20170056 (2018).
- [3]. Kandler, A., Wilder, B. & Fortunato, L. R. *Soc. open sci.* 4, 170949 (2017).
- [4]. Mcelreath, R. et al. *Phil. Trans. R. Soc. Lond. b* 363, 3515–3528 (2008).
- [5]. Turkheimer, E. *Curr. Dir. Psychol. sci.* 9, 160–164 (2000).
- [6]. Polderman, T.J. C. C. et al. *Genet.* 47, 702–709 (2015).
- [7]. Visscher, P. M. et al. *Am. J. Hum. Genet.* 101, 5–22 (2017).
- [8]. Karlsson Linnér, R. et al. *Nat. Genet.* 51, 245–257 (2019).
- [9]. Lee, J. J. et al. *Nat. Genet.* 50, 1112–1121 (2018).

- [10]. Liu, M. et al. *Nat. Genet.* 51, 237–244 (2019).
 - [11]. Gray, N. R., Goddard, M. E. & Visscher, P. M. *Genome Res.* 17, 1520–1528 (2007).
 - [12]. The International Schizophrenia Consortium. *Nature* 460, 748–752 (2009).
 - [13]. Belsky, D. W. et al. *Psychol. Sci.* 27, 957–972 (2016).
 - [14]. Aoki, K., Lehmann, L. & Feldman, M. W. *Teor. Popul. biol.* 79, 192–202 (2011).
 - [15]. Kandler, A. & Laland, L. *Popul. biol.* 76, 59–67 (2009).
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