

Human Adjustment Processes
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Module - 1
Lecture - 1
Understanding Adjustment

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1. Biomedical model
2. Medical model and psychological adjustment
3. Adjustment process
4. Adjustment: "The Normality"

So, initially we will begin with biomedical model then we would be talking about the medical model and the psychological adjustment how do we, relate both of them. There after our focus would be on the adjustment process per say and then we would be talking about how with respect to the concept of adjustment how do we define the whole construct of normality. Remember that in the beginning we had said that we would be looking at the whole concept of normality the whole issue of adjustment with respect to three different parameters, which at times might overlap at times it might be little different that would be looking at it from social view point, looking at it from legal view point manner times without coating the law and third looking at it from our pure psychological perspective.

Now, the inherent issue with the biomedical model is that it is primarily a dominant model to define diseases. And with the gradual change in the time we find at more and more emphasis will lead to the molecular biology side of it. So, in most of the cases you

visit consultant physician and he tells you to undergo a certain set of tests waste on which judgments are made and these judgments define whether you have certain types of illnesses, certain types of diseases or not. Now, the main issue here is full no diseases are accounted by deviation from the norms.

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Biomedical Model

- Dominant model of disease
- Molecular biology at core
- Diseases interpreted in terms of deviations from the measurable biological norm

So, if there is a defined norm with respect to certain biological variables and how much you deviate from the norm that defines whether you have the illness or not number one. And number two, the severity of the disease you also define with respect to the extent of deviation. Now, a recollect your own experience of visiting a doctor, you go to a doctor and you are asked set of questions, when you will try to define that what the problems you have been facing? Say how long this has been with you? Issues related to aches either in the body or in the stomach or in the head, if it has to do with a eyes then you are asked about the watering of the eye, if it has to do with the stomach then you are asked about know the discharge of the excreta and all suggest staffs. So, finally, the idea that you derive is that there is a defined norm that this is a un diseased body and how much you deviate from it in terms of your own expression of symptoms that defines whether you have a disease or not. And of course, the extent to which you vary from it, you defer from it that also defines that how sever the symptoms are...

Now, the whole of the biomedical model is based on this template. And as we have already discussed that a psychology is specially the braches pertaining to

psychopathology, clinical psychology, clinical interventions and staffs like this, they had a heavy influence of this biomedical model. Now, this would once again mean that once you start looking at a behavioral operation perhaps you start following the same trend that do you have this. So, you have a checklist and you finally, start looking at how many items are finally ticked in the check list in terms of defining whether the person has certain type of behavioral aberration or not.

Number one and number two the more and more ticks you have in the checklist, the more and more sever the problem begins, the way it is defined. Now, this is no model, which later on know dragged the attention of mini psychologist, who did show their displeasure to it.

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Biomedical Model

- Explains diseases in terms of measurable deviation of biological variables from the norm.
- Symptoms and behavioural aberrations are explained in terms of biochemical or neurophysiological processes.

Now, the biomedical model explains know diseases in terms of measurable deviations. So, one interesting thing is that you need to deviate from the norm and two that the deviation should be measured. Now, there could be two ways of looking at if you look at it from a psychological prospective, where I ask you what type of experiences you have?

Once you have been experiencing these set of symptoms and these are all your subjective explanations, the moment I said at all these subjective are explanations this would mean that there could be variation know. So, ten different people having headaches will define their symptoms in ten different ways there could be a possibility of this. Now, if you want to quantify it, then there were there could be a way of doing it by simply looking at

the what we were initially talking about the molecular biology influence over medical sciences that I just said at look at your blood report. So, irrespective of what you say I will only look at know what your w b c count is? What your r b c count is? What your plated counts are? Then I look at your know I s g p t I profile then I look at some other profile. So, you have a certain types of functions of the body, which are no supposed to be indicated by certain types of tests and I am sure all of you must have under gone these type of tests know. So, when you see the report it says what is your value and what is a normal range. So, this is what it says is know that once again once you noted this is a range and once you know what your score is...

You note at how much you deviate from the excepted range and the larger is the deviation much more severe is the problem. Now, symptoms and behavioral aberrations both in terms of the biomedical model they have been explained either in terms of the biochemical regulation within the brain and the body or with respect to certain neuro physiological processes. There are lots and lots of literature on say abnormal or pathological behavior and there you would find a large number of research; that is dedicated to the biochemical regulation. Say for example, talk about a psychotic disorder like a schizophrenia, talk about disorders like depression, talk about issues like suicidal tendencies, talk about something like a post traumatic stress disorder.

You have the whole range of issues that has to do with psychology, but then you realize that the adaptation of the biomedical model what it has done is? That it once again guides you either to look at those behavior aberrations with respect to the biochemical regulation. This means that, I am nothing, but I am a know my behavioral out puts are basically a byproduct of all know biochemical imbalances that my body finally, manifests. That could be true, I should not say that could be that is actually true, but an equal amount of importance is also to be given to factors, which are not actually nor directly linked to biochemical regulation, but it has to do more and more with the subjective experience of the individual. .

So, you just said at know the balance or imbalance of epinephrine and nor epinephrine and that decides whether you would be under tremendous stress or not. Such imbalance is can also say how much is stressed you are or I said at know stress has no may do you pay the price of know that experience simply, because the cortisol level increased in your brain, what we actually see as a human being who is not looking at the behavioral from a

biochemical view point, because you do not have indicator of it, there could be a cities of you know behavioral indicators. That tells you that know you are probably know experiencing one type of a problem or the other type of a problem and two individuals facing the same problem might vary. So, that flexibility that usually is nowadays thought about in terms of know identifying the problems of an individual. Usually those things are not practiced in the biomedical model, you have defined frame works where the subjective experience of client does not pay that much of for the consultant and primarily use start defining behavior or you shrink the individuals behavior to biochemical imbalances or neurophysiological functions. Much later in the course we would be talking about stress and that time we would also be talking about post traumatic stress disorder or it is called as PTSD.

Now, PTSD one way, if you look at it from a neurophysiological view point, there are know many many research, which tells that once you have a reduction in the volume of the amygdale and hippocampus in the brain that is what the PTSD patient show? What exactly we do not know is that whether you had the reduction in the volume of the amygdale and hippocampus in the brain that led to PTSD or whether it is no sustained duration of PTSD that finally made your amygdale and hippocampus shrink. Now, this is a neurophysiological way of looking at one of the symptoms, at that time right now you would not focus at it, but that time you would also discuss that there are growing number of researches, which suggests that actually PTSD should not be designated as a disorder rather it is know it should be defined as an extreme form of behavior, which is an outcome of or which is guided by an extreme nature of stimulate.

And because the nature of the estimula itself it is too extreme therefore, the extreme manifestation of behavior should be expected rather than classifying it has aberrated behavior or abnormal behavior. So, that is the difference know, why people have started gradually know deviating from the biomedical module and they indorse of alternatives. Little later we will also see that even within medical science is also there is strong argument that there is a need to deviate from the biomedical model.

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Biomedical Model

- “In all societies.... the major criteria for identification of disease have always been behavioral, psychological, and social in nature. Classically, the onset of disease is marked by changes in physical appearance that frighten, puzzle, or awe, and by alterations in functioning, in feelings, in performance, in behavior, or in relationships that are experienced or perceived as threatening, harmful, unpleasant, deviant, undesirable, or unwanted”
– Engel (1977)

Now, this is older statement by Engel, who says that in all societies the major criteria for identification of disease have always been behavioral psychological and social in nature, remember that right now we are going to stressing back ourselves to the history know. So, we are not looking at the modern face. So, what he says even this statement is pretty old, but he says that the major criteria of identification of all diseases or either behavioral in nature or they were psychologically in nature or they were sociological in nature. Now, you do not find micro biology putting in here, classically the onset of diseases marked by changes in physical appearance that frighten, puzzle or awe and by alterations in functioning, in feeling, in performance, in behavior or in relationships that are experienced and or perceived as threatening, harmful, unpleasant, deviant, undesirable, or unwanted.

So, basically he says that diseases were actually considered as something that would finally, physically appear. And the appearance of those physical symptoms will frighten others, means you have not seen usually people with those types of physical appearance say for example, take a small example. Those who are not suffering from chicken pox when they look at somebody who has known the symptoms of chicken pox, now you would have a reddening of the eye, watering of the eye and then you have know rashes all over the body. And that frightens you that this appearance is not the appearance, which we usually see in the society, which might puzzle you, you are not able to

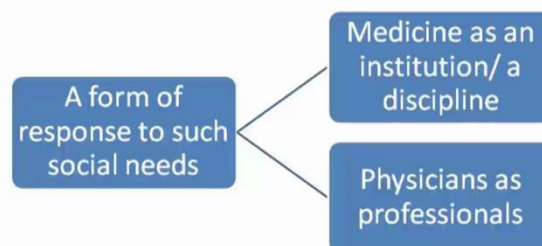
decipher what it is? But it is certainly different from what the rest has or you could be mesmerizing looking at you know it gives you a sense of awe.

And there is also there can could be an alteration in the functions, in the feeling, in the performance of the individual, in the behavior of the individual, in the relationship that the individual maintains knows. So, whole lot of know, if you look at this type of an explanation of looking at this is the whole lot of subjectivity finds a space here, which usually traditional biomedical model does not allow you to have that. Now, it is important to understand that society recognizes individuals and institutions to take care of certain behaviors, which usually appears as what we were talking right now, that full of frightening, puzzle, awe those type of things. So, either society recognizes individuals or society recognizes institutions. Now, profession and institutions are outcome of social needs. Now, we are now moving towards why there is a need to challenge the biomedical model, and why biomedical model does not know explain behavioral aberrations in its fullest form.

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Biomedical Model

- Society recognizes individuals and institutions to take care of such behaviour.
- Profession and institutions are outcome of social needs.



So, professions like physicians or situations like medicine, one view point is that this is actually these are finally the outcome of social needs, society needed. Let us see there are no certain types of aberrations, there are certain types of changes in the physical appearance, there are certain types of changes in the behavioral manifestation, there are certain problems with respect to maintenance of relationships that needs to be examining

that needs to be taken care off. To examine those behavioral patterns or those symptoms, or to cure them provide a care to them society felt at there should be a need of an institution; this is how the whole profession of medicine starts as a byproduct of social need.

And similarly certain people are designated at you specialize in taking care recognizing and taking care of elements like this or behavioral problems like this and they are socially excepted as professionals. Now, the contention is, if your institution and you as an individual, you as a professional in and outcome of a social need then there should not be too much of deviation, when you make your know discipline or your institution more, more scientific and hence you start drifting away from the actual normal people.

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Biomedical Model

- Later, medicine became scientific
- Physicians and scientists developed taxonomy
- Application of scientific methods to understand, treat, and prevent disturbances that are accepted as "disease" or "sickness"

Now, physicians mixed with the scientists they became more and more interested in developing taxonomies. So, you have more and more know name of diseases classifications, sub classification of diseases. And now application of these scientific methods, further know which were initially try in an attempt to understand treat or prevent such disturbances. Started know defining sicknesses as diseases.

So, basically what it says is that once your institution and you as a professional start know making your institution or your profession more and more scientific, what has actually taken place is that the discipline itself has started deviating a long know with respect to classification of the diseases not in terms of say misclassification, but in terms

of classifying the disorder or the diseases without taking certain other issues in to account. So, it has to been largely either looking at the biochemical issues that reflect of a disease or a neurophysiological mechanism that indicate of a disorder, and then the whole know what call quantified deviation from the standard norm, which suggests that thus problem is extremely grave in nature savoir in nature.

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Biomedical Model

- It seems that diagnosis, treatment and prevention has digressed from its social context to fit the scientific temperament.
- Need to augment proximity between medical taxonomy and social categorization of a disease or disorder.

It seems that the diagnosis, treatment and prevention has digressed from its social context and this digression has finally, know made them fit into the scientific temperament, but then the context has become missing. I will give you very different example, it has nothing to do with psychology, but it has to do with museums know reservation of certain artifacts.

Just this weekend, we had a meeting where we were talking about preservation of certain things, which has a certain cultural, social or historical importance. One very interesting view point was that, the moment you take out any artifact and keep it in a museum, you are decontextualizing it. For example, an earthen pot in its own social context would have another meaning, but it will suddenly changes the moment you take one earthen pot and put it know in a glass case in a museum put two, three light there and you said at I have preserved it. What you succeed preserving is the artifact, but you do not succeed preserving is the social context and this is a strong argument in favor of know digitalized preservation rather than making museums and stuffs like there. You can have a digital

preservation where in the full context along with artifact is preserve, imagine a situation the same earthen pot that you see in the museum verses, you know play a video where you see the whole context and there in the social context where the usage of the earthen pot the making of the earthen pot everything comes in to picture along with the pot.

That gives you much better feeling and understanding of the artifact compared to a simple one single artifact preserved in the museum. Now, if I extend that to this, the moment you start know putting in into the scientific temperament and you dick contextualize it from the basic social acceptance, the accept it social norms you realize that there happens to be mismatches at times. I am right now, not going to talk about it in detail, but just to touch that issue, the whole problem with institutionalization of a people with certain type of psychotic disorders, when professional based on certain norms demarcates you to be sufferer of certain psychotic disorder say you are designated as sufferer of schizophrenia.

And then diagnosis is done in terms of treatment you are supposed to be institutionalized, you are sent to a mental hospital, you are supposed to be there, for certain period of time till the professional tells you that now you are fit enough to reward back to your own society. Now, you suddenly know diagnose somebody extract that person out of the society make that individual remain in this situation and then at certain point of time you said at now you can be sent back. We have divorce examples, I am sure many of you must have heard of the two famous mental hospitals in India, one in Ranchi, the other one in Agra. Central institute of psychiatry popularly called as kankhe in Ranchi, kankhe happens to be the place it is not the name of the institution and similarly Agra mental hospitals also you know, both these institutions came long back after independence of this country. Now, the major problems faced by both these institutions were patients were know diagnosed, they were kept as in house patients means they were admitted, but then the family members did not come back in many cases to take their relatives back when the doctors told they are fit enough to reward back to their society.

Now, imagine the situation know, you have hospitals always will have a limited number of beds. So, say if you have a three hundred capacity hospital, you full you have know house full situation three hundred patients come there and two hundred and eighty patients after the doctors feel at they can be sent back to their family members their society the family member do not turn up to take them back. So, you are left only with

twenty beds, I can share this with you that, the institute at Ranchi the central institute of psychiatry, they had to go for rehabilitation program and you will find that the meaning of staff in that institution canteen [FL] other other staff know they were actually the previous inmates of that very hospital, because nobody came to them. So, hospital had to rehabilitate them.

Now, you can rehabilitate still a smaller number of people, if you have to employ them in your own institution, you cannot recommit and you cannot rehabilitate each and every individual. So, people getting cured, but not getting accepted by the society this is one example, you all know the famous case of professor Nash when he was in fact, told at he should be institutionalized and later on his wife decided to take him back, he was not institutionalized, he was with his family and he could regain to certain extent. And many know miracles including Nobel prize came after know he had the onset of the psychotic disorder and he was not being taken care by his own family members especially his wife. So, there is a payback know when you try to make things more and more rigorous in terms of scientific temperament, without taking the social context in to account, and that is the core issue why there was a need felt that psychology needs to deviate from the biomedical model.

Now, the need to augment proximity between medical taxonomy and social categorization of a disease or disorder is considered to be the need of the time, means what you do is that you increase the know proximity, means you minimize the distance between the medical classification of the disease or the disorder and the social categorization of the disease and the disorder. Are you remember the medical taxonomies and the social categorization they in many, many cases they mismatch. Say something like diabetes for example, according to the medical taxonomy it is the disease and it is not a disease of a smaller magnitude know, because you are diabetic for full life, you have to be under certain preventive measures for your rest of your life, but then there is a great degree of a social acceptance for the disease. Think of somebody getting HIV infection, now you could have an infection of your liver leading to jaundice, which has social acceptance, you could have something like lifelong disease like diabetes, but there is a great degree of a social acceptance for it, nobody demarcates you no no no you are untouchable, because you have a diabetes, or I would not invite you to my party, because you are diabetic.

In the hard core sense of scientific temperament it should be done so. I simply say that you have a certain type of disease, where you should not be leading life the way those who are not like you should lead and hence you are derecognized from attending any party. So, any social function or family function, you will not be given an invitation that does not happen, but somebody say who has being identified with HIV infection will know largely face this type of problem throughout his life.

In fact, for a many psychological problems and many of the medical problems also it has been found that it is difficult for the immediate society to accept certain types of diseases and disorders and hence they need to be briefed about it there somebody needs to walk with them. And of course, we are not going into the details of it, but if you are interested you can did it from other sources that the whole issue of community based rehabilitation for example, the whole know discipline of social work; for example, even within psychology know community psychology for example. Now, all these areas all these professionals they immersed out of the need that the bridge between the social categorization and the medical taxonomy needs to be impressed. So, that is an interesting thing that needs to be understood.

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Biomedical Model

- Psychologists have criticized the way medical model has been adopted in psychology.
- It “might serve to help people in one sense but that it also served to alienate and damage people in another”

– Joseph & Linley (2006)

Now, psychologists have a nowadays started criticizing the way medical model has been adopted in psychology. And I coat Joseph and Linley that it might serve to help people in one sense, but that it also served to alienate and damage people in another. So, if you use

this biomedical model it serves one purpose, in one sense, because you are able to diagnose a disorder, you are able to name a disorder, you are able to talk about the preventive measures or you can talk about the psychological intervention that needs to be given, but at the same time what it also does is that it starts alienating you from others.

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Biomedical Model

- Identification and categorization of disorders are 'heuristic social artifacts that serve the same sociocultural goals as do our constructions of race, gender, social class, and sexual orientation.....'. Such categorizations are some form of socially constructed evaluation.

– Maddux et al. (2004)

Another statement and very interesting statement, which says that identification and categorization of disorders are heuristic social artifacts that serve the same socio cultural goals as do our constructions of race gender social class and sexual orientations. Such categorizations are some form of socially constructed evaluations this is a very strong statement. That the way we have defined race, the way we have defined gender, the way we defined social class, the way we have defined sexual orientation, where you fine at if you are less way and gain by sexual there is a great degree of un acceptance.

If you belong to certain other class of the society you do not enjoy the privileged at the majority enjoys or you are make to realize that you are the second sex know as a women you do not enjoy the full privilege that men enjoys in the society or if you are made to realize it fine I belong to this race, and you belong to that race and this race is superior than the other. These are know, basically social artifacts and Maddux view point says that the identification in the categorization of disorders they also have been done in the same fashion.

And therefore, such categorizations are some form of socially constructed evaluation. So, there is one way of looking at it from pure molecular biological prospective you look at the biochemical regulations you look at the neurophysiological functioning. The other counter view point, where it says that all these are basically, socially constructed evaluations. And these are actually artifacts, which work the same way the way other much bigger issues of sociological important works. And therefore, there is a need to revisit them.

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Biomedical Model

- “to call a condition a disease ‘is to judge that the person with that condition is less able to lead a good or worthwhile life.”

– Reznek (1987)

Another statement, which says that to call a condition a disease is to judge that the person with that condition is less able to lead a good or worthwhile life and this is what it meant know in the previous statement when it said that it somewhere damages you. Although the Joseph and Linleys view point where it said that it does serve a purpose, but at the other end it also alienates you it does know damage people in some other context. So, this is know where the moment you are classified with the certain type of disease you are told or you are made to realize, if not told directly that you are a dissimilar compare to other symptoms of living a worthy life.

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Biomedical Model

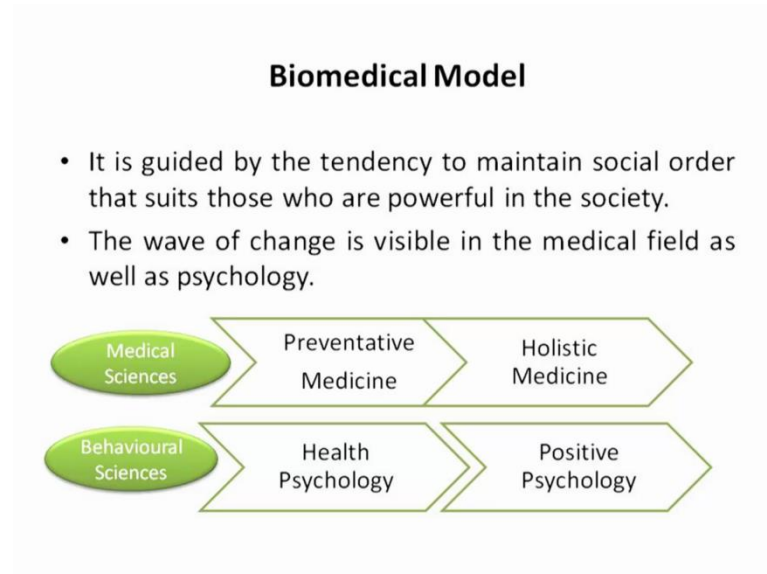
Limitations of adopting medical model to human behaviour—

- Pathologizing behavioural characteristics inconsistent with the majority view.
- Majority does not actually represent the whole society
- Society has inherent diversity; rather it represents the 'ideals of the powerful individuals and institutions'.

Now, adopting biomedical model to human behavior would mean; now we are not talking with respect to diseases, now we are talking with respect to behavioral aberrations. So, if you adopt the medical model to human behavior that would mean that you start pathologizing behavioral characteristics that does not fit into the majority view point. So, majority has a view point and because it is a majority view therefore, you consider this to be the average, the aggregate, the normal and because you consider that to be normal therefore, all those who does not fit into the majorities view they would be classified as pathological.

Let in later we will debate this issue at length know and we will finally, end with known how do we define normality then who is normal and who defines this. Now, majority does not actually represent the whole of the society, society has its own diversity rather it represents the ideals of the powerful individuals and institutions. Remember one thing we are of course, know debating it this very issue in a psychology lecture, but had this issue been raised in sociological forum sociologists would have indorse this statement much more strongly that you have a set of people who are influential, those who are powerful they make the institutions they recognize the professionals, they define the ideals and the rest of the society is simply supposed to be influenced by it. And this means that there could be certain types of things that should not be classified the way it has been done, but because the majority did it, therefore there are people who do not fit into that frame work. Little later, we will see one very interesting example of that.

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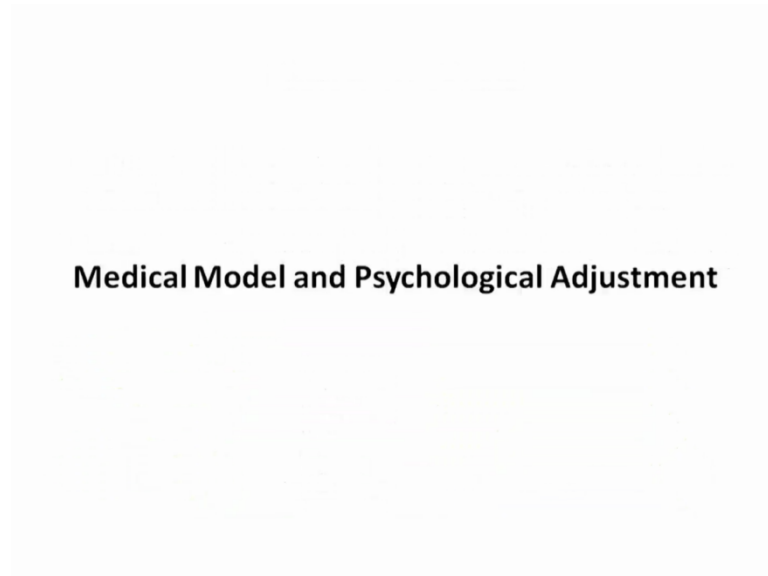
Now, it is guided by the tendency to maintain social order that suits those who are powerful in the society. So, if you are powerful then you start guiding the whole society and in order to derive more and more power in your own hands, you designate certain forms, you recognize certain professionals, you recognize certain institutions, which in your view point helps you maintain the social order. The social order where you remain powerful, the way you are or you gain much more power and you also derive the power of tagging others with certain types of aberrations, certain types of deviations.

Now, the wave of that suits those who are powerful in the society, so if you are powerful then you start guiding the whole society and in order to derive more and more power in your own hand, you designate certain forms, you recognize certain professionals, you recognize certain institutions, which in your view point helps you maintain the social order. The social order where you remain powerful the way you are or you gain much more power and you also derive the power of tagging others with certain types of aberrations, certain types of deviations. Now, the wave of change is visible nowadays of course, both in the area of medical sciences also in the area of psychology, in the area of medical sciences now you have a department like preventive medicine and there is interesting area called holistic medicine, which basically again is a disagreement with the biomedical model that we were talking about.

Similarly, in psychology we have now two branches health psychology, which focuses more and more on the well-being of the individual rather than looking at the pathologies, earlier focus was on pathology. So, you take a older text books of abnormal psychology psycho pathology clinical psychology and we will find only and only the description of one or the other form of aberration of the behavior. Now, if you turn the pages of the health psychology text book, the situation is changed, you have a basically the description largely of people with normal types of health issues. And interesting development in psychology an area called positive psychology, which talks about many many things, which otherwise was earlier classified with respect to certain negative orientations, but are now classified with respect to their social and personally beneficial byproducts.

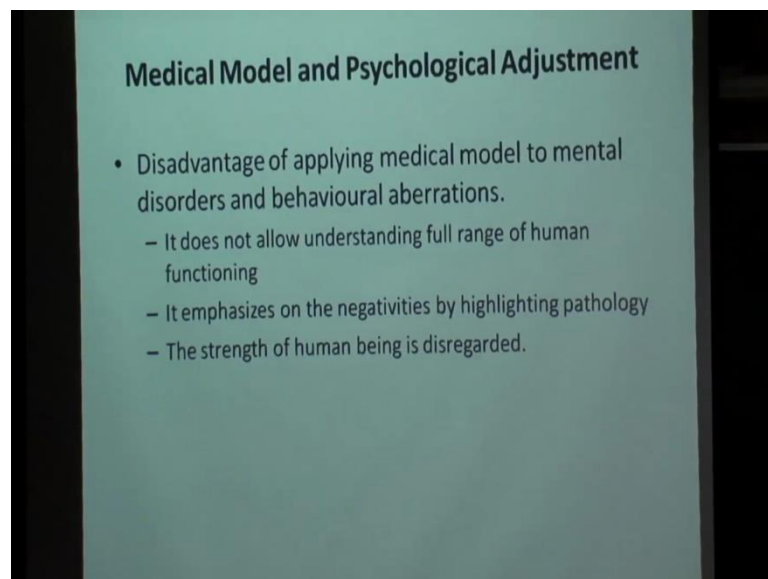
Right now, we refer to PTSD, when we were talking about the biochemical regulation in terms of shrinking of amygdale and hippocampus. Now, you will if you historically look at this disorder for long you know after the Vietnam war when this disorder finally, got recognized the focus was continuously on pathology side of behavior know. So, you look at the symptoms, which are indicators of PTSD, you look at symptoms like say hyperarousal, hyperarousal is considered to be one of the symptoms of PTSD. In last sixteen, seventeen years there has now been a change in the focus and a new construct has come all together, something called post traumatic growth. So, instead if PTSD now the new aberration is PTG and PTG is basically we will discuss it at length, when we come to this topic, when we talk about it, I guess it would be after your mid sem exam, whole process of you all as a much more better human being, his what is the focus of positive psychology.

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We will now talk about the medical model with respect to psychological adjustments.

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Now, the disadvantages of applying medical model to mental disorders and behavioral aberrations are that it does not allow understanding of full range of human functioning, means whenever you take a given situation and you try to look at the possible forms of responses that any individual can illustrate the range would be too too too too wide. Now, the moment you start applying the biomedical model and hence try to know strict thing in rigid frame work, you have difficulty, because you do not allow yourself to look

at the human behavior in widest possible range, you have a limited domain within which you start you know looking at those behavior. Two in emphasizes on the negativities by highlighting pathologies. So, it does not look at what you have rather it asks for what you does not have.

For example, if you are asked that do you have a sound slip, or do you have a stomach upset, do you have a periodic body aches, you basically count on how many of these negative things that you have, and but when you count it do not say oh great you have only four there could have been a possibility of forty four more types of symptoms know thankfully you have only four, but that is never told to you, you are just told you have four symptoms, means other should have zero. So, the extents are never discussed its always the focus is more and more on the negativities. and then the strength of the human being is always disregarded, if you keep on extending biomedical model to psychological adjustments, because there are we will discuss all this thing in the coming days that there are no issues like say your own resilience means your ability to bounce back.

Whenever you face negative situation in your life, we do suffer in that process but then we do also have the capability of bouncing back, you have the ability to cope with the situation. So, you struggle with it and finally, no its not at always you shrink when you are in that type of situation rather you know struggle for some time and then you sell the cross. Now, this course will focus more or less on the realization of the human potentials. So, even though we have been talking about these issues as of now, the focus has been on aberrations and pathologies, but buy in large this course will focus more on the potential rather than looking at the symptoms except for the last unit were we would be talking about certain types of psychological problems.

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Medical Model and Psychological Adjustment

- This course will focus more or less on the realization of human potential.
- Disruption in the harmony at personal and social front can contribute to mental pathology.
- However, there are examples of life adversities positively influencing a person's life.
- There are also several examples of extreme behaviours that have social acceptability.

Now, disruption in the harmony at personal and social front can contribute to mental pathology; however, there are examples of life adversities that positively influences human beings. Now we took the example of PTG will have many, many such examples in the coming days to talk about. And we should also be able to look at the fact that even though no people deviate and there could be a wide range of normal forms of behavior even though you show certain degree of behavioral aberration it does enjoys social acceptance. It is not that there are know very well demarcated black and white lines in terms of social acceptance of behavior there are there is a known huge gray zone, where although it is aberration, but it also has certain degree of acceptance. There are many, many such examples know you can take the examples of a acceptance of a certain forms of marriages in the society for example, whether love marriages are accepted or not, inter cast marriages are accepted or not, inter religion marriages are accepted or not, whether one can be unwed mother or not, there are several, several such issues, which you realize that grossly valid the social protocol.

But then it has acceptance, it is not that because you have done this, and therefore this is a pathological behavior it is not defined that way. So, in this course what we will be doing is that we would be looking at no different potentials of the human being that has to be known recognized and we would also be looking at all formats of know the behavior, which can be fit into the normal range we would also look at behavior, which does not fit into normal range, but still enjoys certain degree of social acceptance and at

times we would be looking also at the behavior, which are otherwise classified else disorders.