

Definitions of abnormality

Deviation from social norms

Every society has certain expectations about how someone should and should not behave these are referred to as social norms - they are based on rules namely explicit (written rules - violating means breaking the law e.g. theft) and implicit rules (unwritten rules - agreed as part of tradition e.g. personal place). This definition suggests that anyone who deviates from these social norms / rules within society is abnormal.

Limitations

- 1) Behaviour that deviates from the norm may not be a sign of psychopathology e.g. fraud is against the law but does not mean someone is insane.
- 2) Also this definition fails to consider the context e.g. you may see a man jumping up and down on a bench in a park, and at first you might think this was weird but if you then saw a film crew, that behaviour is deemed (considered to be) normal.
- 3) This definition also fails to acknowledge that social norms vary over time - e.g. Homosexuality was originally viewed as a psychiatric disorder until 1960s so such definitions are era-dependent.
- 4) This definition also fails to consider that norms differ between cultures e.g. If you were hearing voices in UK, you could be considered abnormal. However, certain tribes in Africa would think this is a gift

Failure to function adequately

This definition suggests that most people are able to **cope with day to day living**; and when someone is unable to cope with day to day living they are abnormal.

Rosenhan and Seligman are responsible for this definition. They proposed seven characteristics (features) of abnormality.

- 1) **Suffering** - they suggest that an abnormal person should be suffering in some way
- 2) **Maladaptive behaviour** - this refers to a behaviour where a person is stopping themselves from progressing
- 3) **Unconventionality** (odd) - so in order to be abnormal their behaviour needs to be odd in some way
- 4) **Unpredictability and loss of control** - most people tend to behave in a fairly predictable way on the other hand an abnormal person is expected to act in an inappropriate manner.
- 5) **Irrational and incomprehensibility** - this refers to instances where someone may act in a certain way which people can't understand - e.g. there is a rock group called the KAF who got 2 million pounds from one of their gigs and they decided to burn the 2 million YES I said they burnt it!!! Or another example is how some people may be afraid of bizarre things e.g. peaches

- 6) **Observer discomfort** - this refers to instances where someone's behaviour makes other people feel uncomfortable. If so one's behaviour would be considered abnormal.
- 7) **Violation of moral and ideal standards** - this suggests that any behaviour which deviates from moral and ideal standards is considered abnormal e.g. downloading.

Limitations

- 1) It is unclear how many of the seven characteristics someone has to possess in order to be considered abnormal e.g. 3 or 4? Rosenhan and Seligman did NOT make this clear
- 2) Then there is the issue that some of the features that were listed like 'suffering' is not necessarily true of only abnormal people - e.g. we all suffer at one point in time.
- 3) This definition also fails to consider the context e.g. someone might be starving themselves and therefore they would not be functioning normally; however many political prisoners go on hunger strike as part of their political process.
- 4) Also failure to function adequately does not necessarily have to indicate that someone has a psychological disorder. For example someone might not be able to keep a job and provide for their family because of the current recession.
- 5) This definition also suffers cultural problems and issue of time e.g. what one culture may consider as being odd another culture may not e.g. in some cultures, women are hunters and men are the sub-ordinate

Please note: If you get a 4/6 mark question give half of the features. This is true for the bottom example too.

Deviation from ideal mental health

This definition was proposed by someone called Jahoda - she decided to define abnormality by firstly defining normality (what is the ideal mental state to have) and then suggesting that deviations from this 'ideal' represents what is abnormal. Thus having less of these 6 characteristics (characteristics means qualities) the more likely you are to be abnormal.

- 1) **Positive attitude towards self** - this is suggesting that a person with an ideal state of mind (normal person) would have a positive image of themselves, have high self-esteem and confidence. Therefore a deviation from that ideal would be that a person has a negative image of themselves (abnormal).
- 2) **Self-actualization of one's potential** - this suggests that a person with an ideal mental health would strive to fulfil their potentials whether it is that they have the ability to play the piano or they are a genius at maths and so on; failure to reach one's potential is thought to lead to an abnormality.
- 3) **Personal autonomy** - this refers to people who are independent they can rely on themselves to get things done they don't need other people to do things for them. Therefore according to this definition would be someone who relied too much on others would be abnormal.

- 4) **Resistance to stress** - a person who is normal Jahoda suggested will be able to withstand stress they will be able to deal with stress and they tend to have effective coping strategies to help them through hard times whereas an abnormal person would buckle at the sign of stress.
- 5) **Accurate perception of reality** - this suggests that a normal person can see themselves as they are - as others see them, whereas an abnormal person has distorted reality e.g. they may say "I know everyone hates me they are always talking about me I can just tell"
- 6) **Adapting to the environment** - people who are normal are flexible rather than rigid and able to adjust to change whereas an abnormal person would find it hard to change

Limitations

- 1) Very few people meet Jahoda's criteria and according to this definition majority of the population would be classified as abnormal e.g. we do not always have a positive self attitude
- 2) With reference to the idea of autonomy this has some cultural problems for instance within the westernised society autonomy (independence) may be a good thing but in collectivistic society such as an African tribe, people are encouraged to put others before themselves. So it shows this definition also does not take into account cultural differences.
- 3) There is also the issue of time again as what may have been considered as representing good mental health years ago may be different e.g. In the past if you were thinking of yourself by being independent you were viewed as being selfish but now it is desired to be independent in westernised society's.
- 4) Not everyone can reach their potential. For example, a runner (athlete) that lost their leg would no longer be able to run. This does not mean the person is abnormal, which the definition implies
- 5) There are possible benefits to stress. Some people work more efficiently in moderately stressful situation e.g. many actors say being slightly anxious allows them to perform best

Models of abnormality

These models look at the causes of abnormality

Biological model

The biological model sees abnormality as a result of some PHYSICAL/BIOLOGICAL cause.

- One key assumption is that an abnormality may be **inherited** through genes from parent to child, therefore implying there is a genetic basis for certain a disorder.
Twin studies and family studies have been used to investigate this link. For example there are two types of twins, namely identical twins (monozygotic; which share 100% same genes) and fraternal twins (dizygotic; share 50% of the same genes)
Concordance rates - this is a % which represents the chances that when one twin develops a disorder the other may also do so. Therefore the higher the concordance rate the more likely there is to be a genetic link
- Another key assumption involves **biochemistry**. This suggests that abnormalities may arise as a result of there being an imbalance in persons' neurotransmitter levels. For example they may have too much or too little e.g. depression has been linked to low levels of Serotonin.
- Finally another assumption suggests that abnormalities may have resulted from **brain damage**. There could be a defect in the structure of someone's brain be it from birth or due to an accident e.g. car.

Evaluation

- ☺ **Research has suggested that there may be a genetic basis for certain disorders** e.g. family studies have suggested that relatives of individuals with Schizophrenia are more likely to suffer from SZ than the general population. Also monozygotic twins tend to have higher concordance rates than dizygotic twins which suggest that there may be a genetic basis for certain disorders (as MZ twins share 100% the same genes).
- ☺ **Support for there being an imbalance in neurotransmitter levels** - e.g. research has found that schizophrenia is linked to high levels of dopamine (which is a type of neurotransmitter) and also depression is linked to low levels of serotonin.
- ☺ **Also this model places no blame on the sufferer** e.g. someone being diagnosed with a mental illness implies that the person is in no way responsible for the abnormality it is due to something that is out of their control e.g. genetic make-up.
- ☹ **Issue of Cause and effect** - e.g. it is unclear whether low serotonin levels caused depression or whether depression caused low levels of serotonin.
- ☹ **There is still no concrete evidence that mental disorders are purely caused by BIOLOGY** - i.e. concordance rates are never 100%, so therefore there must be other factors involved such as thought processes or a person's environment.

⊗ Reductionist - This model is too simplistic it proposes everything is due to biology thus excludes thought processes and the role that one's environment might have.

Psychodynamic model of abnormality

Freud proposed that mental disorders result from psychological rather than physical causes (which the biological model had proposed).

- **Freud believed that abnormalities occur as a result of repressed thoughts in a person's unconscious mind and a person's personality.** He believed that one's personality is divided into 3 parts:
 - Id - This is referred to as the pleasure principle - getting what you want without considering consequences (the selfish part) - mainly concerned with sex but could lead to violence.
 - Ego - This is the reality principle - this represents our conscious self.
 - Superego - This is a person's conscience - moral values.

Freud suggested that the Id and superego are always in conflict and this leads a person to feel anxiety.

Freud suggested that the ego tries to reduce the anxiety by using defence mechanisms e.g. denial (pretending something is not happening) or repression (pushing some thoughts to the unconscious).

If the ego fails to keep a balance between the Id and Superego, psychological disorders may result. For example, if your Id takes over Freud believed that a person could become. Alternatively if your superego took over someone's personality a person was thought to develop OCD or a phobia.

- **Another key assumption of Freud's theory is that persons' childhood experiences could affect adult behaviour.** Early experiences cause mental disorders. For example trauma's that may have happened in childhood may have been repressed but in later life a person may be reminded of the past experience bringing issues to the surface which could lead to the development of a disorder such as depression e.g. a child may experience the death of a close family, then repress their feelings and later in life other losses could cause the individual to re-experience the earlier loss and this may lead to depression
- **Another key assumption looked at Freud's psychosexual stages** - This is thought to be where the Id develops. There are four stages and stage 2 the anal stage suggests that someone who is fixated on this stage (namely retaining) may become obsessed with cleanliness and develop OCD.

Evaluation

⊗ **Influential** - Freud's theory was the **FIRST ATTEMPT** to explain mental illness in psychological terms - this set the foundation from which other models soon formed e.g. behavioural

- ☹ He was also the first psychologist to suggest that early childhood experiences could affect adult behaviour. This is supported by Ainsworth who found that early attachment styles could affect later adult relationships.
- ☹ **Too much emphasis on sex** - sexual factors e.g. repressed sexual feelings and not enough on the influence society might have on development or a person's environment.
- ☹ **Poor research evidence** - Freud based his theory on his observations of behaviour of middle class Viennese women suffering from mental disorders - sample issues - NOT REPRESENTATIVE of general population and so therefore the results cannot be applied to the general population.
- ☹ Also many of the concepts in Freud's theories are abstract (not tangible/e.g. you can't actual touch or see it) which makes it difficult to test Freud's theory. For example there is no way of testing or measuring the Id, ego or superego. This questions the validity and reliability of Freud's theory.
- ☹ This model also ignores the role that genetics and thought processes may have in the development of certain disorders.

Behavioural model

- This model of abnormality suggests that **all behaviours are learnt** - good ones and maladaptive (wrong/abnormal) behaviours via the process of conditioning and there are two types of conditioning:

Classical conditioning: This suggests that we learn via associations. This suggests that if something that causes someone to feel fear is associated with something that did not usually cause any response to occur, then the latter (the thing that didn't cause you to feel any particular response) will soon develop the same feared response.

This is what happened in little Albert's study where a rat had been paired with a loud bang and as a result Albert started to associate the rats with the loud bangs and began showing fear to rats even when unaccompanied with the loud bang. Therefore Albert had learned to fear rats. He soon generalised this fear to all fluffily items/animals. This can help explain the development of phobias.

Operant conditioning: This suggests that we learn occurs through reinforcements (rewards). It suggests that behaviours that are rewarded (reinforced) will continue whereas behaviours that are punished will cease (end). It is thought that a psychological abnormality is produced when maladaptive (wrong/abnormal) behaviour is reinforced.

For example, when a person who has a phobia avoids the stimulus they fear, this would lead to a reduction in the anxiety they feel and as a result reinforces their phobia. Or alternatively an anorexic sufferer may find concern from close family and friends rewarding.

- **Another key assumption focuses on the concept of 'social learning'** - this suggests that abnormalities may have been learned by observed or imitating behaviours of peers, parents or from the media. This can help explain a range of disorders e.g. Phobias and anorexia

Evaluation

- ☺ This can help explain a range of disorders e.g. Phobias and anorexia.
- ☺ The study of little Albert supports this theory (explain how in detail).
- ☹ However it cannot explain disorders such as Schizophrenia i.e. a schizophrenic does not learn to have hallucinations
- ☹ Also it does not explain why people fear things they have never had a traumatic encounter with e.g. enclosed spaces. However behaviourists argue that this is because people tend to forget such experiences e.g. it may have happened to a person as a child.
- ☹ This theory is reductionist in that it proposes that a person's behaviour is based on simple learning principles whilst ignoring the role that one's genetic makeup or thought processes may have.
- ☹ This model only focuses on the nurture argument (e.g. all behaviours are learnt) whilst ignoring the role of nature (a person's genetic makeup).

Cognitive model

- This model suggests that abnormality results from **errors in thinking**, 'irrational thoughts' (ones that do not make sense), 'negative perceptions' (seeing things negatively) essentially 'faulty thinking'. Faulty thinking leads to '**cognitive biases**' where a person tends to have negative outlooks.

Examples of cognitive biases...

- **Minimisation** - where a person minimises any success in their life. So a good exam result was due to luck.
- **Maximisation** - they focus heavily on any failures they have had (even trivial failures)
- **Selective abstraction** - where a person is selective on information they tend to focus on e.g. focus on all negative aspects of their life whilst ignoring any positive aspects.

- **Another key assumption is that the individual is responsible for their thoughts** and as a result they are to blame (this is different to the biological model which believed that the sufferer was not to blame). The reason the cognitive model proposes this is because they believe the reason why someone is abnormal is because of errors in the person's thoughts - and as a result it is their fault.

Beck used the cognitive model to explain depression. Beck suggested that negative thoughts create a negative mood and this in turn leads to depression. Beck suggested that a depressed person has a negative thought about the following things:

Self - Negative view of oneself - e.g. 'I am worthless'

World - Negative view of the world - e.g. 'Everything is against me'

Future - Negative view of their future e.g. 'Nothing is ever going to change'

Evaluation

☹ There is evidence that people have **cognitive biases** in certain disorders for example SZ and depression e.g. anorexics tend to experience a distorted body image i.e. they think that they are overweight when in fact they are underweight.

☹ Sometimes depressed people may have a rational (reasonable) reflection of reality - rather than irrational (e.g. in instances where the situation is very bad). Thus it is bad to assume that all depressed people have irrational thoughts.

☹ **Issue of cause and effect** in relation to faulty thoughts and e.g. we do not know if negative thinking led to depression or if depression led to negative thinking.

☹ The cognitive approach takes no account of **biological** or **genetic factors** in the development of psychopathology as a result it blames the patient; also this highlights that the cognitive model alone is not sufficient to explain the causes of abnormalities.

Treating abnormality

Biological therapies (aka physiological therapies)

a. Drugs

Schizophrenia is thought to be linked to high levels of dopamine. Chlorpromazine leads to a significant reduction in the symptoms of SZ e.g. hallucinations and delusions.

- It does this by reducing the activity of dopamine in the brain
- Newer drugs tend to have less side effects and seem to reduce the activity of dopamine and serotonin levels e.g. Clozapine.

Depression can be treated with anti-depressants.

- Help relieve the symptoms of depression
- These drugs block the reuptake of serotonin which thus causes an increase in the function of serotonin
- Thus the brain thinks there is more serotonin in the brain.

Evaluation

- ☺ Drugs are very effective at stopping symptoms of SZ allowing sufferers to live normal lives.
- ☹ However the drugs only work for approximately 50-60 % of patients thus not catering for the remaining 40-50%.
- ☹ Drugs may reduce symptoms but they do not cure the disorder and as a symptoms will return in 80% of patients who come off drugs.
- ☹ All drugs used to treat schizophrenia have unpleasant side effects e.g. Chlorpromazine leads to movement disorders similar to Parkinson's disease.

b. Electroconvulsive therapy (ECT)

ECT involves passing a small electric current through the brain. This causes someone to experience a seizure (similar to that felt by someone suffering from Epilepsy).

Originally created for SZ but soon used for depression too.

Not much is known about how ECT actually works but it is thought that it affects the activity of neurotransmitters within the brain. However there are ethical issues regarding this form of treatment.

Evaluation

- ☹ ECT can lead to negative long term effects e.g. memory impairments

- ☹ It is thought that people who are severely depressed may not be in the right state of mind to give informed consent to such treatments
- ☺ However ECT is good in that it seems effective for patients who have been unresponsive to other methods.

Psychological therapies

a. Psychoanalysis

The main aim of this type of therapy is to uncover repressed material and help the client understand the origin of their problems. There are several techniques which try to do this e.g. Free association and Dream analysis.

1. Free association

- Client is encouraged to express anything that comes to their mind
- One thought/incident may lead to another thought memories may even trace back to childhood.
- The client must not censor anything that comes to mind and in doing so it is thought that a person may be able to access repressed thoughts.
- The role of the therapist is to intervene occasionally and to encourage the client to reflect on a particular experience; as well as making notes on any key themes.
- Freud created this technique to get around the defence mechanisms used by the ego and get material out from the unconscious.

2. Dream analysis

- Freud thought of dreams as being a route to a person's unconscious mind.
- Therefore by analysing the content of ones dreams the therapist might be able to identify any conflicts that may have been repressed into the unconscious.
- Freud also suggested that anything that the id desired which was too threatening to be consciously acknowledged would come out in someone's dreams e.g. sexual or aggressive desires.
- Freud referred to the content of someone's dreams as 'manifest content'.
- He believed that within this content lied the actual meaning of someone's dream (latent content); and that this could be revealed by a therapist.

Evaluation

- ☺ It is useful for people who are willing to analyse their lives
- ☹ Such methods can be very long lasting (e.g. ranging from months to years). Although more recently clients and therapists tend to set a fixed number of sessions.
- ☹ Ethical issues - confronting clients with distressing material can be traumatic for them and their families.

☹ Eysenck argued that such therapies do not work and that they cause more damage than someone who is not receiving treatment.

☺/☹ Freud himself claimed this method did not offer a cure but rather giving clients a better understanding of their issues.

b. Behavioural therapies

Behavioural therapies are based on the principles of classical conditioning.

1. Systematic desensitisation

In this therapy, the client is trained to replace a feared response with a relaxed response (as you cannot experience anxiety and relaxation at the same time). There are three steps:

- 1) Clients are taught relaxation techniques
- 2) Client and therapist form an anxiety hierarchy in relation to the feared object or situation
- 3) Involves counter-conditioning: the client must attempt to replace their feared response with relaxation. This will firstly be tried out on the least threatening scenario on the hierarchy until the most threatening situation is targeted.

Evaluation

☺ Desensitisation has been extremely effective in the treatment of simple phobias. Success rates often between 60-90%.

☹ The therapy aims to help clients to unlearn associations. However no attempts are made to address any deeper psychological or emotional issues. Thus again focusing on the symptoms rather than the cause.

2. Flooding

This involves inescapable exposure to the feared object or situation that lasts until the feared response disappears e.g. if someone has claustrophobia they would put that person in a small room for at least 1 hour. By then their anxiety levels would have dropped back to normal.

Evaluation

☹ Ethical issues relating to flooding as clients are subjected to intense fear and anxiety. As a result there should be intensive monitoring to ensure that there are no long term negative consequences for the client.

c. Cognitive Behavioural Therapy

Aims to modify a person's thoughts and behaviour - to change person's negative/cognitive biases and replace them with realistic views.

The therapist helps the client identify negative thoughts they may have. To do so, the client is encouraged to keep a record of their thoughts and anxieties. These can then be reviewed with the therapist.

The therapist will then CHALLENGE the clients thoughts by showing them instances where their thoughts are contradicted e.g. by referring to positive incidents which challenge their views.

This therapy also uses behavioural techniques to encourage more positive behaviour e.g. a severely depressed person who finds it hard to do anything would be encouraged to set themselves small goals to be achieved; like getting out of bed / making a cup of tea. These small achievements would then give the depressed person a sense of personal achievement.

Evaluation

☺ CBT last for a limited number of sessions over a few weeks therefore less time consuming and cost effective than psychoanalytic therapies.

☺ Also the actual therapy is not as likely to cause people to feel unpleasant e.g. it's not probing old memories.

☹ However CBT is not useful for more severe conditions such as Schizophrenia.

☹ It is effective as a treatment for depression - and it seems to have longer lasting effects than anti-depressant drugs (although research suggests a combination of drugs and CBT is more effective)