

11

PSYCHOLOGY AND MODELS OF ABNORMALITY

11.1 DEFINITIONS OF ABNORMALITY



ASK YOURSELF

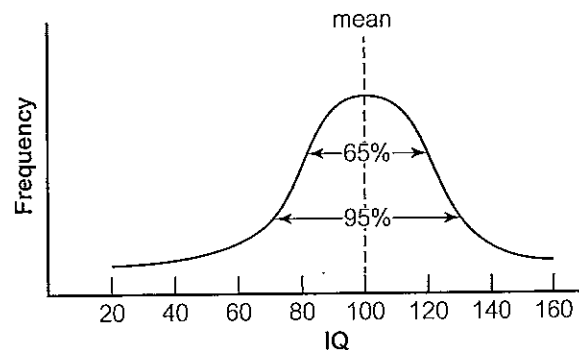
Generate your own definition for abnormal behaviour and see if your ideas feature in the psychological definitions at the beginning of this section.

There are many ways in which psychologists can define what abnormal behaviour is. Sometimes this behaviour is called atypical rather than abnormal.

Deviation from statistical norms

This is an objective way of defining abnormality. Anything that is statistically rare is classified as abnormal. However, the cut-off point beyond which something is statistically rare has to be decided. One example of this is the distribution of scores on intelligence quotient (IQ) tests. These usually follow a normal distribution in any given population with many people clustering around the average of 100 and then fewer and fewer scoring the higher or lower IQ points as dictated by the range of scores (see Figure 11.1.1).

People scoring below 70 on an IQ test are in the bottom 2.5 per cent of a population so they could be classed as “abnormal”. Therefore, anything that is rare in a population would be deemed abnormal using the statistical definition.



▲ Figure 11.1.1 Normal distribution of scores on an IQ test



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Deviation from social norms

This definition labels people abnormal if their behaviour does not fit in with cultural and social norms. If their behaviour is not seen as being “correct” or “moral” then we may feel that they are acting abnormally. Social norms change over time and, as a result, so will the parameters of this definition. For example, in the UK in the 19th century moral insanity in females was defined as “women who have inherited money and spend it on themselves rather than on male relatives”. As a result, a female displaying this behaviour would be labelled abnormal (but nowadays this would not be the case).



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Deviation from ideal mental health

This definition focuses more on what characteristics a person should have for ideal mental health rather than directly defining abnormal. Jahoda (1958) noted that people who have ideal mental health:

- ▶ show no signs of distress in everyday life
- ▶ are rational and can introspect correctly
- ▶ are able to self-actualise
- ▶ cope with stressful situations
- ▶ have a realistic outlook on the world
- ▶ have good self-esteem
- ▶ can successfully work.

Therefore, people who cannot show the above behaviours on a regular basis are “abnormal”.



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Failure to function adequately

This definition states that people who cannot function or experience psychological distress (and then try to get help) are showing that they currently have some form of abnormal behaviour. Therefore, anyone who is showing signs of psychological distress, be it at home or work, is “abnormal”.



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Problems with defining and diagnosing abnormality

The following are problems associated with each of the definitions noted above:

- ▶ Statistical norm fails to take into account the social context of behaviour. For example, someone

who scores 130+ in an IQ test is in the upper 2.5 per cent of scores but would be labelled gifted rather than abnormal.

- ▶ Judging social norms fails to account for subcultural differences in behaviour that could end up with an over-representation of “abnormal behaviour” in a certain group of people.
- ▶ People may not fulfil one of Jahoda’s criteria yet still have ideal mental health.
- ▶ Focusing on failure to function adequately is too reductionist. There are other factors involved in the diagnosis of abnormal behaviour as well as simply suffering.

Reread Core Study 7.1 for AS level (page 87) and use this as an example of how there are problems defining what is abnormal behaviour.



CHALLENGE YOURSELF

Describe and evaluate one definition of abnormality.

MODELS OF ABNORMALITY

There are four main models of abnormality that need covering in this section. It looks at some of the main assumptions that each model is based on.

Medical or biological

A medical professional would believe the following about abnormality:

- ▶ Psychological abnormality is an illness just like one based on physical conditions. It can be diagnosed and treated in the same way.
- ▶ The focus is on the physiological nature of the problem behaviour rather than behavioural or emotional factors. Something biological is the cause.
- ▶ Symptoms shown can be understood in terms of some malfunction or disruption of the person’s biological systems.
- ▶ Mental illness can be treated in the same way as any physical illness (with drugs, surgery, etc.).

Behavioural

A behaviourist would believe the following about abnormality:

- ▶ Dysfunctional behaviour is learned in the same way as any other behaviour.
- ▶ Mental health issues occur due to the principles of classical conditioning and operant conditioning.
- ▶ The focus is on observable behaviour that can be seen directly rather than internal mechanisms such as biology or emotions.
- ▶ Mental illness can be treated using behavioural techniques (e.g. rewards to change dysfunctional behaviours into functional behaviours).

Psychodynamic

A psychodynamic psychologist would believe the following about abnormality:

- ▶ The quality of relationships we have with our parents in early childhood is of critical importance to mental health in adulthood.
- ▶ Any early traumatic experiences that may disrupt our relationships are more likely to cause mental health issues later in life.
- ▶ Our early experiences (especially the negative ones) are stored in our unconscious mind and this affects our mental health.
- ▶ Mental illness is an emotional response to trauma, any unmet childhood needs and unsatisfied biological instincts.

Cognitive

A cognitive psychologist would believe the following about abnormality:

- ▶ Dysfunctional behaviours are caused by faulty information processing and thought processes, usually as a result of some early experiences.
- ▶ Mental health issues are caused by purely cognitive factors (e.g. memory systems or irrational beliefs).
- ▶ Mental health issues can be dealt with by restructuring the cognitions of people (e.g. helping them to think more positively or restructure the way they process the information they receive day to day).



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TREATMENTS OF ABNORMALITY

This section briefly outlines different treatments that are linked to the models of abnormality. All of them will feature in the rest of the chapter when we focus on different mental health illnesses so more information about each will be introduced then.

Biological or medical

The main biological and medical treatments used are as follows:

- ▶ Drugs – these can help control neurotransmitter levels in the brain which could be causing the mental health issue.
- ▶ Electroconvulsive therapy (ECT) – electrodes are placed on specific areas of the person's skull and a very brief electrical current is passed through them.
- ▶ Psychosurgery – people with certain mental health issues could have a section of brain removed, lesioned or ablated.

Psychotherapies

The main psychotherapy used is psychoanalysis. There are many techniques that can be used here:

- ▶ Free association – this is when the patient is allowed simply to talk about anything and the therapist has to pick out what is causing the issue.
- ▶ Dream analysis – this involves looking at dream content for hidden meanings.
- ▶ Hypnosis – this is used to access unconscious conflict.

Cognitive behavioural

See page 162 for a description of how cognitive behavioural therapy (CBT) works. These are the main forms of CBT and behavioural therapies:

- ▶ Rational emotive behaviour therapy (REBT) involves the therapist continually challenging any irrational thought (see more details in section 11.3).
- ▶ Systematic desensitisation is when a person constructs a hierarchy of fear and works up the hierarchy using relaxation techniques to overcome a phobia.
- ▶ Flooding is a process during which people confront a fear directly and cannot escape until they have calmed down.



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Effectiveness and appropriateness of treatments

Each of the therapies listed above will feature across the five disorders that you need to study:

- ▶ schizophrenia
- ▶ abnormal affect
- ▶ addiction and impulse control disorders
- ▶ phobias
- ▶ obsessive-compulsive disorders.

Effectiveness studies and the appropriateness of certain treatments will be covered in the treatment section of all five disorders.