The assumptions and limitations of abnormality

Abnormality, as defined by Eysenck and Flanagan (2000), means deviating from what is normal or usual. This definition is straightforward; however, it is not that easy to define normality (conforming to a standard). There are four ways which we can establish standard; the first way is through statistics, which means statistical infrequency. It is the idea that certain behaviours are statistically rare in the population, an example of this is the tendency for someone to have a high level of anxiety (trait anxiety). The mean score, when studied by Spielberger's State-Trait anxiety inventory, is when statistical scores show deviation from those of the majority or normal distribution and they are regarded as abnormal.

The second approach is deviation from social norms. It is the impact of an individual behaviour on others. This is when we deviate or fail to respect social norms. Social norms come from values and identify behaviours, any deviation is considered as abnormal. An example is the case study of Sarah, a case of agoraphobia. She was in her mid-thirties, and without warning and without knowing why, she suddenly felt anxious and dizzy while she was shopping in a crowded department store. This happened again when she decided to shopping a few days later. After this she avoided going to the large stores or even smaller ones. Sarah behaviour was abnormal in many ways. (Adapted from J. D. Stirling & J. S. E. Hellewell, 1990, Psychopathology, London: Routledge.).

A third approach is the failure to function adequately. This is when some individuals fail to cope with day to day life. It can lead to depression, inability to sleep, taking time off from work and lack of motivation. Societies have

expectations of how people should behave, and those individuals who cannot meet such obligations are considered as not functioning adequately.

The fourth approach is ideal mental health. It relates abnormality to lack of contended existence, and consider it as deviation from ideal mental health. Psychologist Carl Rogers and Abraham Maslow, see self-actualisation as realising ones potential as ideal mental health. Rogers (1959) thinks that receiving unconditional love leads to a healthy psychological development as well as to a high self-esteem and self acceptance.

Model in psychopathology is referred to as an explanation of the causes of psychological disorders. First of the four models is medical model (also known as biological model). It is a view of abnormality that sees mental disorders as being caused by genetic and biochemical factors. It is seen as illness or disease.

The second view is that of the psychodynamic model. It sees abnormal behaviour as being caused by underlying (hidden and significant) psychological forces of which an individual is probably unaware.

The third is the behavioural model. It views abnormal behaviour as maladaptive (poorly adapted). It sees it as learned responses in the environment of which we can replace by more adaptive behaviours.

The fourth and last, is the cognitive model. It is a view that stresses the role of cognitive problems, i. e. illogical (unreasonable) or irrational thought processes in abnormal functioning.

There are difficulties in defining normality in relation to statistical frequency. In terms of trait anxiety, it is expected to find a normal distribution of that trait within any population. Most people cluster (statistically significant subset) around the mean score whiles just only few individuals scoring very high or very low. A high score on trait anxiety would be considered as abnormal and so equally a low score on trait anxiety would be statistically abnormal. However, a low susceptibility (tendency to be affected) to anxiety hardly indicates clinical abnormality, rather, it is quite desirable.

Statistical abnormality does not permit us to identify what behaviour requires treatment. It overlooks the important issue of desirability. Some statistically abnormal behaviour is undesirable, i. e. high trait of anxiety, whereas other statistically abnormal behaviour is quite desirable, such as low anxiety or genius. There is also a problem in deciding how much behaviour must deviate from the norm in other to be considered normal, an example is height. The same standard or norms may not apply to people in different age groups or different cultures. In terms of anxiety, what is normal for adults is not normal for children. Also, what is normal in one country may not be normal behaviour in another country.

The numbers of problems associated with deviating from social norms are large. First, it is related to moral standard that is subjectively (opinions or feelings) defined by a society, and it changes over time. An example is Britain, where until recently it was not acceptable to have a child out of marriage. Another example is Russia, where in the 20th century; individuals opposed to the communist government were called dissidents (somebody who disagrees with an established political or religious system or

organisation). Their attitudes were considered as symptoms of mental disorder, and were locked up in mental hospitals. Szasz (1960) suggested that the concept of mental is a myth (nonexistent), used by the state as means of control.

The second problem is that social deviance is defined by the context in which behaviour occurs. Hence if you see someone wearing few clothes it would be acceptable on a beach but not in the high street. Cultural context is also important. For example, the Kwakiutl Indians engage in a ceremony in which they burn valuable blankets. But if someone in our society deliberately set fire on his or her valuable possessions they would be regarded very odd or mentally ill (Gleitman, 1986). People derive much of their pleasure in life from their interactions with other people. As a result, they find it important for a contented existence to avoid behaving in socially deviant ways that upset others.

The main problem of the failure to function approach is that not all people who experience mental disorder are aware of their failure to function. For example, Schizophrenics often deny that they have problem. In cases like that, the problem is distressing to others, therefore others may judge that the individual is not functioning adequately and so may seek help on their behalf. It is easy to assess dysfunctional behaviour, such as using absenteeism (frequent absence) from work or number of rows with the spouse, as measures of the level of functioning. This approach is moderately tied to the social deviancy approach because it involves decisions about what is or is not acceptable.

Failure to function has the advantage of recognising the subjective experience of the individual. However, such judgements are made by others and are influenced by social and cultural beliefs and biases.

The advantage of ideal mental health approach is that it focuses on positive characteristics. On health rather than illness. However, the criteria used in assessing health (self-actualisation), are hard to define. They are abstract ideals and are related to our culture. Some societies don’t feel that these are the ultimate aims for psychological health. They collectively strive for the good of the community. The second problem is the difficulty in measuring them. Health concept works well with respect to physical conditions because of the signs.

The medical model is positive and clearly successful in some psychological conditions. An example is the condition Phenylketonuria (PKU), which is a cause of mental retardation, and it can be easily and effectively treated by physical means. This is an individual born with an inability to process the amino acid Phenylalanine. It is preventable if it is detected early. The medical model approach has the merit of being based on well-established sciences (medicine and biochemistry). Most mental disorders are caused by genetic factors, and drug therapies have often proved effective, either in treating the illness or reducing the symptoms.

On the negative side, there is only a loose comparison between physical and mental illness. It is easier to establish the causes of most physical illnesses than mental ones, and the symptoms of mental disorders are more subjective than those of physical illnesses. It tells us little about the origin of

Phobias. There is difficulty knowing whether any biological difference between individuals with a mental disorder and those without such disorder is a by-product of the disorder, rather than a direct cause.

It has also being criticised for focusing too much on symptoms, and not enough on the patient’s experiences and internal processes. The role of psychological and social factor in explaining mental disorders is ignored. The application of medical principles is inappropriate if the symptoms of mental disorders (such as anxiety and isolation) are in psychological and social terms.