

Evaluate the concept of normal and abnormal behaviour



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To most people abnormality is described as being different from other people in other words it is seen as different from what is recognised as normal or unusual in society. Psychologists have described several approaches for standard behaviour but an evaluation of three different categories and their concept is going to be discussed. Different societies have their own set standards of behaviour and attitudes so anything that would fall outside the set criteria would be considered to be abnormal, psychologically referred to as deviation from social norms.

Another theory of abnormality can be explained by referring to people who deviate from statistical norms. This definition groups people together, based on certain measured characteristics, and put this information into a distribution pattern to classify whether people fit into the 'average', or whether they fall outside the 'average', for example, if intelligence quotient is measured, the results would show that on average most people would fall around the middle, so those with either low or high scores statistically would be considered to be abnormal, though the assumption of intelligence can be portrayed in tow ways, for example if a person has a high IQ , they are regarded positively and do not fall in the abnormal criteria, whereas if others fall under the low score there are viewed negatively and therefore considered to be abnormal. Physical examples can also be taken into account, especially in terms of height or foot size. In other words manufacturers would produce products according to the statistical numbers that fall into the normal criteria.

Psychologists do have an overall assumption of how mental health, gender and culture issues are referred to statistically. Though they are several

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factors of mental health problems, there some such as anxiety or depression which are statistically considered to be normal human conditions whereas, if one is clinically disorganised with severe anxiety, or found to be clinically depressed can be described as someone with a mental disorder which is abnormal in a statistical sense. In terms of gender, some psychologists have argued that males are less likely to consult their doctors when suffering from mental disorders, which makes the females score highly in statistical data. Bennett (1995) believed that this would be due to matters of socialisation especially in industrialised societies. In regards to culture Cohen (1988) gave a description of how Indian mental patients are highly discriminated, so this would leave many patients without seeking any clinically help for their mental disorders so this would lead to wrong statistical measures.

Another definition would refer to those people whose behaviour is maladaptive or dangerous. This looks at the effects of the behaviour problems either to the wellbeing of an individual or any social group. We have to remember that defining abnormality is usually limited by cultural differences. This means that what may be classed as normal in one culture could be defined as extremely abnormal in another and this limits the definitions accuracy in being able to define abnormality as a whole so the three definitions above do not consider cultural differences.

The concept of abnormal can be brought to a conclusion by evaluating the above approaches as they all help society identify abnormalities in other individuals which helps promote an overall safe living environment. For example, if an individual deviates from social norms, adequate help may be given to them as soon as their behaviour is detected from what is considered

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to be normal but on the other hand defining abnormality as deviation from social norms, can be used to justify the removal of those people who are considered to be abnormal from society. Statistically, it has been found out that though statistical frequency or infrequency is important to the population it is not effective when applied to mental disorders, so this makes it difficult to determine what is normal in the statistical sense.

ANALYSE THE DIFFICULTIES INVOLVED IN DIAGNOSING MENTAL ILLNESS AND DISCUSS THEIR USEFULLNESS.

A neurological examination, which helps physicians identify structural and psychiatric abnormality is usually carried out on patients with psychiatric disorders, and later gives an understanding of the wellbeing of the person's brain, mental function, nerves and muscles. Psychologists have developed two classification systems that help classify abnormality into mental disorders and also diagnose them clinically. They are known as Diagnostic & statistical Manual of Mental Disorder (DSM) and the International Classification of The Causes of disease and Health Related Problems (ICD). Both these systems classify abnormal patterns of thinking, behaviour and emotion into mental illnesses.

A significant feature of the DSM classification is the 5-axis diagnostic system, which gives a systematic evaluation of the patient and then gives a full account on the general medical condition of the patient or personality disorders, psychosocial and environment problems, as well as the level of functioning of the individual. The ICD on the on the other hand includes diagnoses for all the systems in the human body and is not popularly used in

clinics as the DSM. Both classifications have the same definition of mental disorders, so they both have their focus on the patient's personal distress other than on what the rest of society react to any type of behaviour of the individual.

The above classifications tend to be objective, but in society fear arises to the fact that those individuals who are classified and their families may be prejudiced against. The approach of classifications has been approved for its successfulness to the treatment of physical illnesses but not is found not to be very effective in treating mental disorders and this is because symptoms from those suffering with mental illnesses are usually subjective, meaning it is always what they feel and this may be diverse between individuals.

Psychiatrists and clinical psychologists have very limited information to assess the well being of an individual compared to those who treat physical illnesses, for they carry out extra laboratory examinations like x-rays and blood tests to find the symptoms and then diagnose the individual. This shows that cause of a disease in mental patients is partially known whereas in those patients with physical disorders causes are fully known.

David Rosenhan (1973) carried out a study on eight people who were normal but complained of hearing voices, they were diagnosed with schizophrenia, so he argued that psychiatrists could only rely on their observation methods because they could not verify the patient's symptoms. Therefore he drew a conclusion that psychiatric classification could be very inaccurate. Scheff (1966) also criticised the classification method in his labelling of theory. He argued that a psychiatric label to a patient may worsen their condition, because they might be treated as though they are mentally ill.

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On the other hand, psychologists have found it advantageous, and insist that DSM classification has helped in terms of developing and understanding the causes of mental illnesses in different patients. According to Gelder et al. (1996), “ The use of classification can certainly be combined with consideration of a patient’s unique qualities, indeed it is important to combine the two.” {Pg 648 Eysenck M, (2000) Psychology A Students Handbook, Psychology Press}. According to ICD classification, 11 major categories can be identified for mental disorders. But they are found to be more general than those of DSM. Therefore, it has some extent of reliability, but very limited information on its validity.

EVALUATE THE USEFULNESS OF DIFFERENT MODELS OF ABNORMAL BEHAVIOUR

The models of abnormality are theories that help to describe the cause of psychological disorders. There four models known as Biological, Psychodynamic, Behavioural and Cognitive approaches, and each model has a distinct view which helps to provide extra research and treatment approaches as a result. However, psychologists have split views in terms of analysing the disorders; some believe that disorders must originate from psychological causes whilst others believe that the disorders could be based on biological causes. A brief description and an evaluation is going to be looked at for both, Biomedical and Psychodynamic models and an outline of their usefulness will also be accounted for.

Biological psychologists would explain that mental disorders are the consequences of biological systems due to the fact that, they regard

abnormal behaviour in terms of abnormal biology. In fact the biological model is also known as the medical model because it categorises abnormality as a physical condition and it is the model that addresses mental disorder as an illness. Since it is seen from the perspective of medicine, its concept for mental disorders, resemble that of physical illnesses, which means psychological disorders have underlying biological or biochemical causes. These are thought to arise from infection by germs, inherited systemic defect, neurochemical factors and effects of trauma.

The Psychodynamic model, was developed by Freud, though some of other psychologists changed some of its emphasis, most of the original assumption for this model is still actively used. Freud believed that humans are born with the id part of our personality and later on in life when people socialise into the moral standards of their culture then our super ego is developed. Freud explained that a well adjusted person develops a strong ego and therefore able to manage their personality.

Although the biological approach is known to have fairly witnessed astonishing success in treating mental disorders with drug cures, it has also been criticised for having its main focus on the symptoms and therefore whenever drugs are stopped, the symptoms return which means the root of the problem is not being addressed. This approach tends to use classification systems such as DSM and ICD which have been doubted for their consistency and validity. Its scientific standing and links with medicine, the medical model is known to have gained popularity and credibility, but on the other hand danger of over diagnosis of mental illness and long dependency on drugs, which risks severe side effects, has also been addressed.

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The Psychodynamic model on the other hand has also been criticised for its validity, the fact that it carries out clinical interview and case studies for its experiments, it does not subject to scientific, empirical analysis. This means the central forces of the brain are unconscious, therefore making it difficult to directly be observed. Its theory is referred to as deterministic because it finds childhood attachments to parents, in the very early stages is crucial for personality development. Apart from the above criticism, the model is identified as the origin of modern day cures.

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DESCRIBE AND EVALUATE THE MAIN APPROACHES TO THE TREATMENT OF MENTAL ILLNESS.

The biological model treats mental disorders as physical illnesses. Somatic drugs such as minor and major tranquillizers or antidepressants are widely used. Chemotherapy is also regarded as effective and the main treatment of mental illnesses because of the assumption that chemical balance is the main cause of the problem. However, some psychologists have disagreed, and assume that the chemical imbalance to be the effect, rather than the cause of mental problems.

For the Psychodynamic model, Freud developed a method of treatment called psychoanalysis, which is a type of therapy that seeks to uncover the underlying causes of abnormal behaviour. The belief was that unresolved emotional conflicts from early childhood could be withdrawn, so by talking to bring out and work through unconscious conflicts would bring it out to the conscious level and therefore be dealt with accordingly. It is also believed

within the psychodynamic theory, that the unconscious can be revealed in dreams, so analysis of dreams is one of the techniques used in the treatment of mental disorders in psychodynamic theory.

DESCRIBE AND EVALUATE PRACTICAL AND ETHICAL IMPLICATIONS OF THERAPIES AND TREATMENTS