

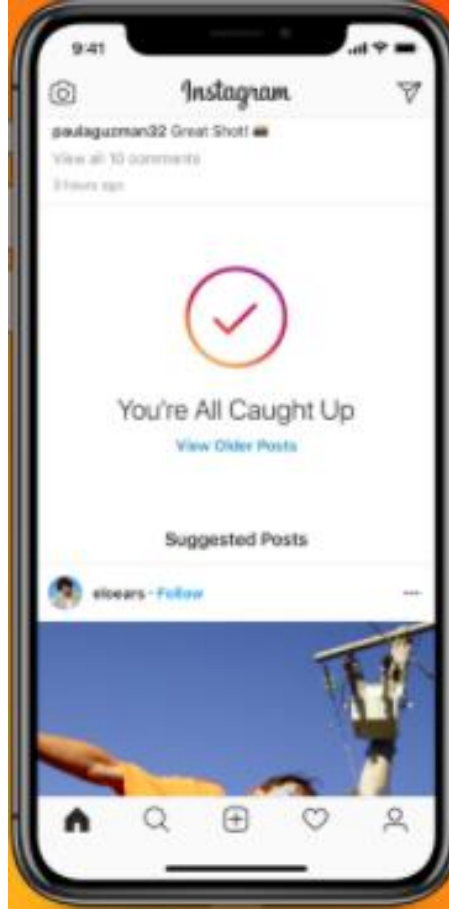
Introduction to Psychopathology

Definitions of Abnormality

Objectives:

- Be able to describe the four definitions of abnormality
- Be able to apply the four definitions
- Be able to evaluate each definition of abnormality
- Be able to tackle exam questions on definitions of abnormality





Discuss each of these behaviours.

Are they abnormal?

How do you tell? What factors into your decision?

Does culture play a role? Does time?
How far must one be from the norm?

Who judges?

Is it a subjective judgement?









Can it ever be objective?

Defining Abnormality

Today, we are looking at four definitions of abnormality.

You need to be able to describe as well as evaluate each.



1	 
2	 
3	 
4	 

Defining Abnormality

Task

- 1. Split into pairs*
- 2. Choose either p98 OR p100*
3. Ten minutes to read and make notes on the two definitions there (stick to KNOWLEDGE for now)
4. Five minutes to teach your partner about both
5. Five minutes for your partner to teach you about the other two
- 6. Ten minutes to review/complete notes*



Extra Discussion

- Are some definitions more useful than others?
- Which is the most/least helpful?
- Which is the most/least safe?
- Which is the most/least valid?
- What do these answers/issues depend on?



Defining Abnormality

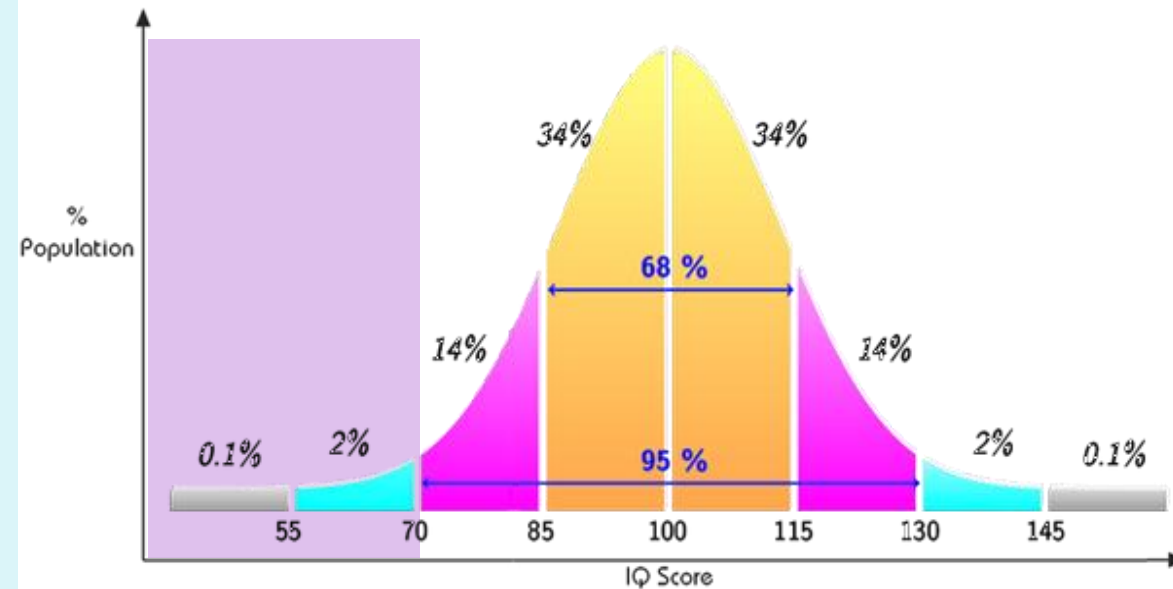
- Behaviours could be classed as normal on the basis of how many people do them.
- Therefore, we can look at the frequency of a behaviour, and if it is a rare or 'statistically infrequent' behaviour, then we could class it as abnormal.
 - *Around 1% the population have schizophrenia.*
 - *Around 10% of the population are left-handed.*
 - *Around 2% of people have green eyes.*
 - *Around 25% of people snore regularly.*
 - *Around 15% of people smoke.*

How do we define 'infrequent' then?

Are there any strengths of this?

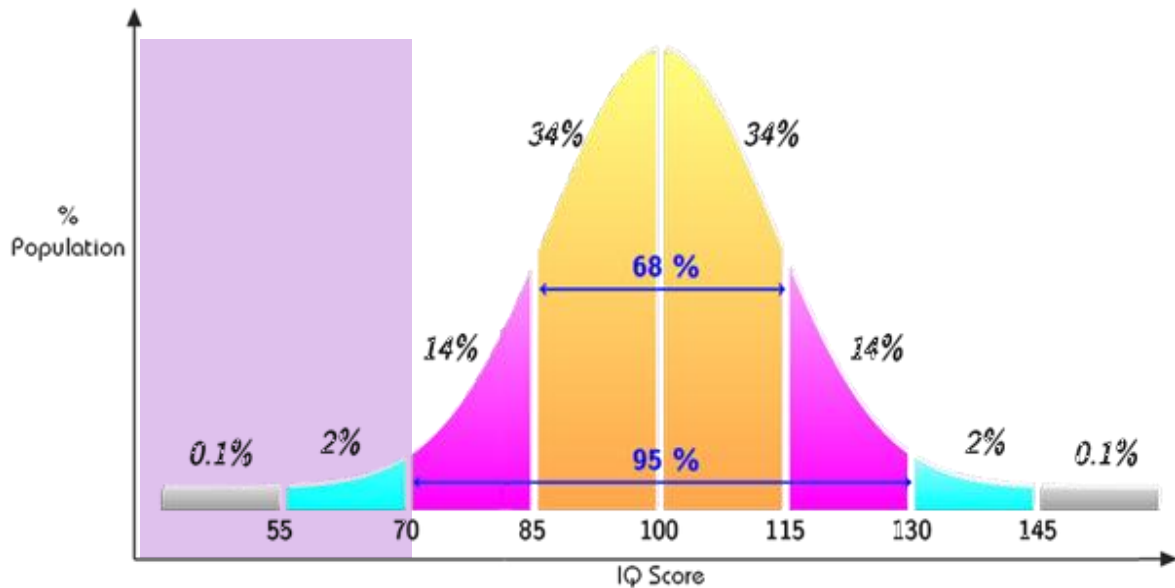
Any problems?

IQ Score Distribution



Statistical Infrequency

IQ Score Distribution



Limitations

- Some infrequent behaviours / characteristics are **desirable** e.g. high IQ. However this definition still classes them as abnormal.
- With the statistical approach it is hard to decide by how much behaviour must deviate before it is considered abnormal - The **cut off point isn't necessarily clear/objective**.
- **Cultural relativity**: What is rare in one culture may not be in another - cannot apply cross-culturally.

Strengths

- It **can be effective/helpful**. Intellectual disability is defined as an IQ greater than two SDs below the mean. This definition allows access to support.
- **Cultural relativity**: What is rare in one culture may not be in another - accounts for variation.

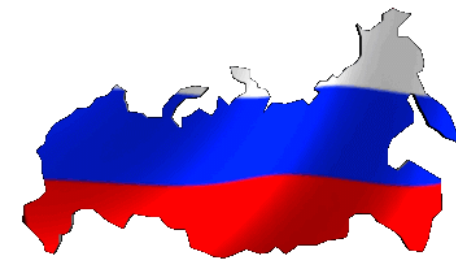
Evaluating Definitions: Statistical Infrequency

- Just basing judgments on frequency ignores the context of behaviour. So, to get around this, we might define behaviour as abnormal if it goes against social norms.
- Behaviour meets this criteria if...
 - It violates the written/unwritten rules e.g. moral standards
 - Defies social conventions considered acceptable in a *particular group*
 - Incomprehensible behaviour
 - Causes observer discomfort

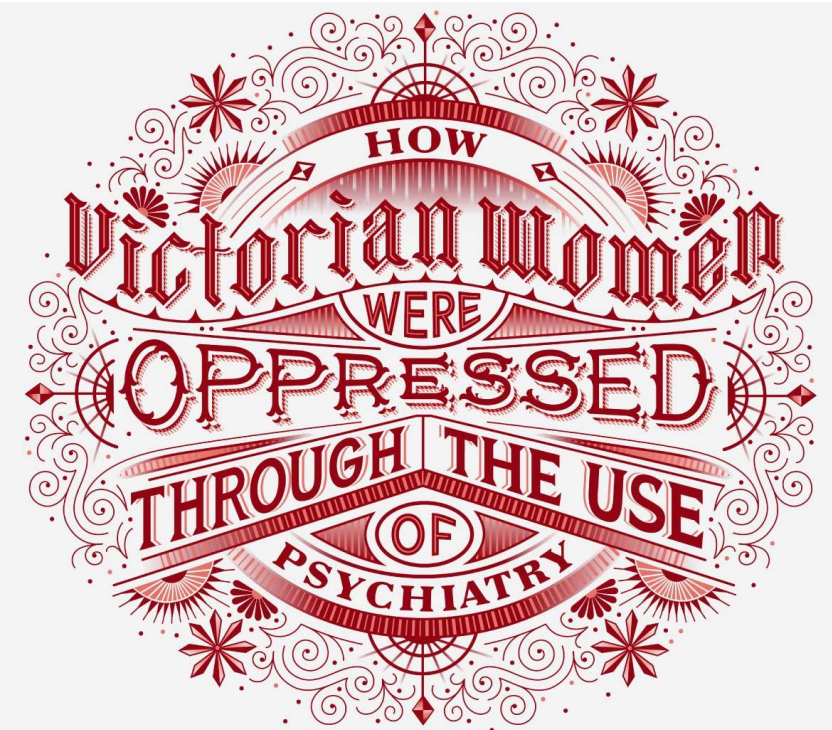
Are there any strengths of this?

Any problems?

How does this compare to the previous definition?



Deviation from Social Norms



Limitations

- Risk of abuse: Psychiatrists should not be able to classify someone as mentally ill based on **prevailing social attitudes**. E.g. 1960s: consider homosexuality (a crime and a mental disorder); Russia- anyone disagreeing with the state could be labelled as insane.
- Abnormality is still about context and excessiveness. Even if behaviour goes against norms, it isn't usually considered 'abnormal' or 'ill' unless it is excessive (which is subjective)
- **Cultural relativity**: What is acceptable in one culture may not be in another – cannot apply cross-culturally

Strengths

- If we accept that social rules exist largely to help people live and work together civilly, then perhaps this is a useful way of distinguishing between desirable and undesirable behaviour. DSN may have more utility.
- **Cultural relativity**: What is acceptable in one culture may not be in another – accounts for variation

Evaluating Definitions: Deviation from Social Norms

One way of defining abnormality is functional: is the person coping with life?

- They may be **unable to perform the behaviours necessary for day-to-day living** e.g. self-care, hold down a job, interact meaningfully with others, relationships, make themselves understood, etc.
- This may be indicated by a poor **GAF** (Global Assessment of Functioning) or high **WHODAS** (World Health Organization Disability Assessment Schedule) score.

• 40-31:	Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work, child frequently beats up younger children, is defiant at home, and is failing at school).
• 30-21	Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., unable to work, stay at home, or friends).
• 20-11	Some danger of hurting self or others (e.g., suicidal ideas, obvious or readily apparent self-harm) OR clear expectation of death, frequent or persistent thoughts of death (e.g., suicidal ideation without clear suicidal ideation) OR occasionally fails to maintain minimal personal hygiene (e.g., neglects or omits to groom, bathe, or dress) OR gross impairment in communication (e.g., incoherence or muteness) OR grossly and persistently inappropriate or bizarre behavior (e.g., mute).
• 10-1	Persistent danger of severely hurting self or others (e.g., suicidal ideas, violent outbursts) OR persistent inability to care for self (e.g., persistent refusal to eat or drink, failure to seek medical attention) OR serious suicidal act with clear or obvious suicidal ideation.
• 0	Inadequate Information.

WHODAS 2.0 12-Item Questionnaire

In the past 30 days, how much difficulty did you have

Q1. Standing for long periods such as 30 minutes?

Q2. Taking care of your household responsibilities?

Q3. Learning a new task, for example learning how to get to a new place?

Q4. How much of a problem did you have joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?

Q5. How much have you been emotionally affected by your health problems?

Q6. Concentrating on doing something for ten minutes?

Failure to Function



Limitations

- One issue is the question of '**who judges?**' Sometimes, the patient will come forward e.g. be seeing GP. *However, if the patient is quite content, should professionals intervene?*
- **Most people fail to function adequately at some time**, but are not considered 'abnormal'. E.g. after a bereavement most people find it difficult to cope normally. Therefore, context is important- different cultures will even have different ideas about what lively 'adequately' means.
- **Many people engage in behaviour that is harmful/risky, but we don't class them as abnormal**. E.g. adrenaline sports, smoking, drinking alcohol, truancy.

Strengths

- This definition does at least **consider the perspective of the patient**, which many others do not.
- FFA can be measured. There are two well-established scales: the GAF and WHODAS. This makes it a more **objective** and **reliable** definition of abnormality.

Evaluating Definitions: Failure to Function

Marie Jahoda was an Austrian-British social psychologist who developed the theory of "Ideal Mental Health" (1958); she suggested that there were 6 criteria that needed to be fulfilled for ideal mental health:

Failure to meet the following criteria constitutes abnormality.

1. Positive self-attitudes (self-esteem)
2. Growth/Greater Meaning (e.g. ambition)
3. Resistance to stress
4. Autonomy (independence and making choices)
5. Accurate perception of reality
6. Environmental mastery: able to meet the varying demands of day-to-day situations; have positive relationships



"...the absence of mental illness is not a sufficient indicator of mental health."

Deviation from Ideal Mental Health



Limitations

- Jahoda's criteria may be **too strict**: few people actually meet these criteria that everyone ends up classed as abnormal and so the concept becomes **meaningless**
- DIMH is **biased toward a western view** (Individualist view). The characteristics and criteria are rooted in western and Industrialised societies. Therefore **not valid** for non-industrialised societies.
- It is unclear how far someone can deviate before being 'abnormal'. DIMH is **difficult to measure** because we cannot easily operationalise concepts such as 'personal growth'

Strengths

- It is a **positive approach**, which links with humanistic psychology, something that other approaches seem to ignore.

James is a 32-year-old businessman and if he does not get his own way he sometimes gets very aggressive and can cry and scream. He is described by his manager as a hard worker but a bit 'odd', as he is "unlike anyone I've ever met". As an example, recently, he attended a colleague's funeral and laughed during the service. He upset some people and made others feel very uncomfortable.

Using your knowledge of two definitions of abnormality, explain whether James's behaviour would be classified as abnormal.

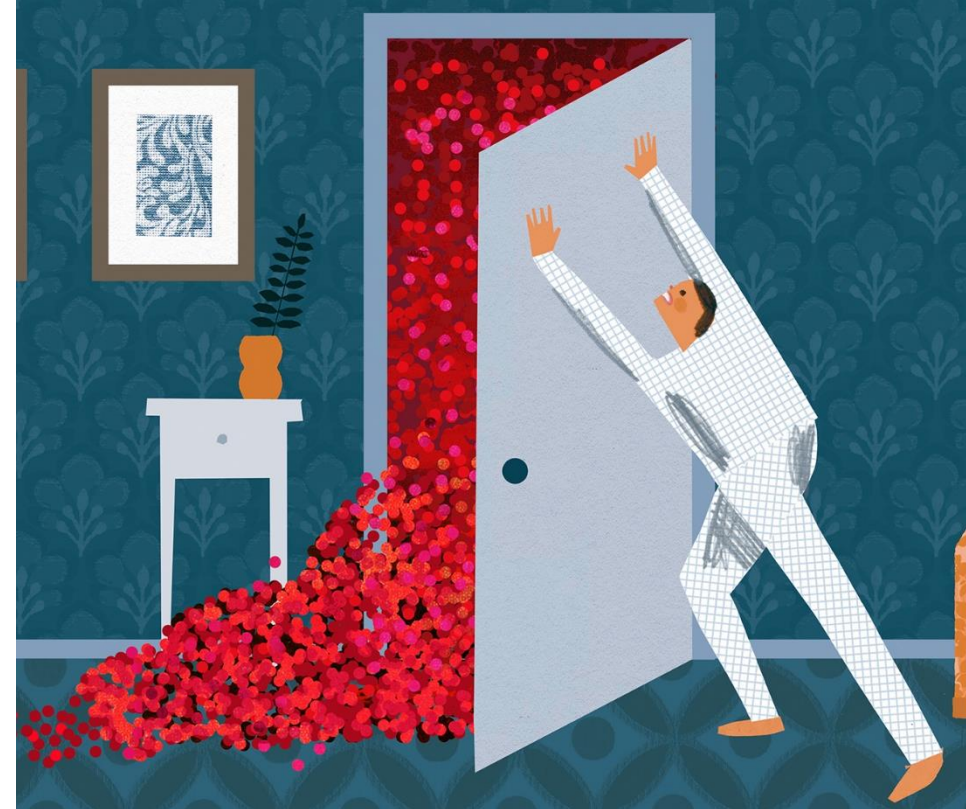
(4 marks)



DEPRESSION



PHOBIA



OCD

There are three disorders that you will learn about in this unit.

These are recognised and specific health conditions, that must be diagnosed by a medical professional (in some cases a psychiatrist), according to strict guidelines and criteria.

Mental Disorder