UNIT 2 DEFINITION OF NORMALITY AND ABNORMALITY: CRITERIA AND MEASUREMENT

Structure

2.0 INTRODUCTION

The previous unit attempted to explain you the concept and origin of abnormality. Now, the question that might have struck your mind may be what exactly can be categorised in to abnormal and normal behaviour? In reality it is difficult to draw a line that separates normal from abnormal behaviour. The present unit will try to simplify the concepts of normality and abnormality and also the causes and symptoms of abnormal behaviour. Even in the normal daily routine at times people might experience distress and behave in an undesirable ways. Behaviour may depend on the occasion or context. However, to judge a person as being psychologically disordered requires that the

behaviour has to be extremely deviant, maladaptive or distressing and problematic for others as well.

Normality has been defined as patterns of behaviour or personality traits that are typical or conform to some standard of proper and acceptable ways of behaving and being. There have been several attempts taken to define abnormality based on which some criteria can be drawn as to from which point can the phenomena of psychological abnormality be explored. Most of the definitions have certain features in common, called "the four D's": deviance, distress, dysfunction, and danger. That is, patterns of psychological abnormality are typically *deviant* (different, extreme, unusual, perhaps even bizarre); *distressing* (unpleasant and upsetting to the person); *dysfunctional* (interfering with the person's ability to conduct daily activities in a constructive way); and possibly *dangerous*.

2.1 OBJECTIVES

With the help of the present unit, you will be able to:

- understand the concept of normality;
- understand the definition and concept of abnormality;
- understand the difficulties in diagnosing abnormal behaviour; and
- understand the reason or causal factors leading to abnormal behaviour.

2.2 DEFINITION OF NORMALITY: CRITERIA AND MEASUREMENT

It is really difficult and challenging to define the concept of *normality* in comparison to *abnormality*, but there are certain characteristics which when possessed by a normal individual, reflects emotional well being. The following are the traits that a normal person possesses to a greater degree than an individual who is diagnosed as abnormal.

- Appropriate perception of reality
- Ability to exercise voluntary control over behaviour
- Self-esteem and acceptance
- Ability to form affectionate relationships
- Productivity

The WHO considers normality to be a state of complete physical, mental and social well-being.

2.2.1 Functional Perspectives of Normality

Daniel Offer and Melvin Sabshin described four basic perspectives of normality:

- *Normality as health* – This is basically the traditional medical psychiatric approach to health and illness. Physicians tend to see health as normality. Therefore, normal behaviour (no psychopathology is apparent) is assumed to reflect mental health. So, normal behaviour is considered to be what

is typical and acceptable. A behaviour can be described as typical and acceptable if the person has sound judgment based on cultural and societal values (which therefore can differ and from time to time). For example, the view of psychiatry on homosexuality has changed from earlier views. The views have changed because of cultural norms, societal expectations and values, professional biases, individual differences and political climate.

- *Normality as utopia* – As an alternative to defining normality in statistical terms as what is average or typical, normality defined as an ideal refers to a state of perfection that people desire to reach, but seldom attain. Calling attention to the potential for people to become more than what they are, the ideal perspective on normality encourages striving toward self-improvement and the active pursuit of greater happiness and success. However, this concept provides little help in separating normal from abnormal groups of people for clinical or research purposes, as their no one can not say who would need professional mental health assistance.
- *Normality as average* – As explained, the third perspective, which is very frequently used in normative studies of behaviour, is based on a mathematical principle of bell shaped curve. According to this approach, people who fall in the middle range are considered as normal and those who fall on both the extremes are deviant. This approach is based on a statistical principle which evaluates individual in terms of general assessment and total score. According to the principle, an individual will be considered to be normal if he/ she resembles the typical or most common behaviours as being normal for the group to which he/ she belongs and will come under normality.
- *Normality as process* – This perspective stresses that normal behaviour is the end- result of interacting systems. In other words, the normality-as-process perspective stresses changes or processes rather than a cross-sectional definition of normality. Erick Erickson's personality development theory is an example of this concept (Sadock & Sadock, 2007).

2.2.2 Psychoanalytic Theories of Normality

Freud believed that "normality is an idealized fiction." By this he meant that absolute normality cannot be obtained because a normal person must be totally aware of his or her thoughts and feelings. Melanie Klein's view of normality was that it was characterized by strength of character, the capacity to deal with conflicting emotions, the ability to experience pleasure without conflict, and the ability to love.

Erik Erikson believed that normality is the ability to master the periods/stages of life: trust vs. mistrust; autonomy vs. shame and doubt; initiative vs. guilt; industry vs. inferiority; identity vs. role confusion; intimacy vs. isolation; generativity vs. stagnation; and ego integrity vs. despair.

According to Adler the person's capacity to develop social feeling and to be productive is related to mental health and the ability to work heightens self-esteem and makes one capable of adaptation.

The psychoanalyst Heinz Hartmann conceptualized normality by describing the autonomous functions of the ego. These are psychological capacities present at birth that are conflict free, that is, uninfluenced by the internal psychic

world. They include perception, intuition, comprehension, thinking, language, and certain aspects of motor development, learning, and intelligence. In other words some people would be able to lead normal life as they have the special ability to be not vulnerable or overcome stresses and strains of life without the internal psyche being affected.

Karl Jaspers (1883-1969), the German psychiatrist and philosopher, described a personal world-the way a person thinks or feels that could be either normal or abnormal. According to Jaspers, the personal world is abnormal when it (1) springs from a condition that is recognized universally as abnormal, such as schizophrenia; (2) separates the person from others emotionally; and (3) does not provide the person with a sense of spiritual and material security.

Thus, psychoanalyst believed that normality was more an exception than a rule.

Self Assessment Questions 1

State whether the following statements are 'True' or 'False':

1) Erik Erikson believed that abnormality is the ability to master the periods/stages of life ..... .

2) According to principle of bell shaped curve, people who fall in the middle range are considered as normal and those who fall on both the extremes are deviant ..... .

3) Normality has been defined as patterns of behaviour or personality traits that are typical or conform to some standard of proper and acceptable ways of behaving and being ..... .

4) Freud believed that absolute normality can be obtained because a normal person might not be totally aware of his or her thoughts and feelings.

2.3 ABNORMALITY: CRITERIA AND MEASUREMENT

2.3.1 Psychological Norms

Abnormal psychological functioning is deviant when behaviours, thoughts, and emotions are different from those that are considered normal in a particular place and time. For example, people are not expected to cry themselves to sleep every night, wish themselves dead, or obey voices that no one else hears. In short, behaviour, thoughts, and emotions are deemed abnormal when they violate a society's ideas about proper functioning.

The term abnormal exactly means "away from normal". Thus, abnormal behaviour is statistically deviant or infrequent. From the statistical point of view, abnormality is any substantial deviation from statistically calculated average. This makes the task simple as it simply measures a person's performance based on the average performance of the group. Those that fall out of the average range are considered abnormal. Diagnosing a person as mentally retarded is based on this categorization. This involves no values or what is desirable or undesirable but just facts. This could cause some

misunderstanding as those who are above the normal range can be considered as deviant or needing psychological treatment. For example, these criteria do not help to distinguish between atypical behaviour which is desirable and acceptable, and behaviours which are undesirable and unacceptable.

2.3.1.1 Social and Cultural Norms

There are certain standards or norms are set for behaviours to be called as normal and those behaviours which deviate markedly from the norm are conceived as abnormal or atypical. Thus, the ideas of normality differ from one society to another and over time within the same society. Each society establishes norms. These norms can be explicit rules (clearly defined) and implicit (understood only indirectly) rules for proper conduct.

Judgments of abnormality vary from society to society. A society's norms grow from its particular culture—its history, values, institutions, habits, skills, technology, and arts. It should be clear to you by now that, each culture has its own rules telling what is right and what is wrong for acceptable behaviour. Attention to typical patterns of behaviour also promotes cultural sensitivity. Developing sensitivity towards culture is very important in order to understand any behaviour. Therefore, in order to categorise a behaviour of an individual to be normal , it is very necessary to consider the cultural context to which he/she belongs. This behaviour depends in parts, on the attitudes and behaviour patterns that are valued in the groups to which the person belongs. Understanding normal behaviour in relation to the customs, traditions and expectations of the sociocultural context helps in recognizing disturbed behaviour from that which may seem strange but adaptive in that particular culture. For example, a society that values competition and assertiveness may accept aggressive behaviour, whereas one that emphasizes cooperation and gentleness may consider aggressive behaviour unacceptable and even abnormal.

A society's values may also change over time, causing its views of what is psychologically abnormal to change as well. For example, some decades ago, homosexuality was considered as deviant and unacceptable, however, now it is accepted by the psychiatric community as normal (not deviant). American society, today to a large extent, accepts marriages between same-sex couples.

2.3.1.2 Legal Norms

A persons' behaviour is termed as 'crime', if he/she violates legal norms. Harmful behaviour towards oneself may fall out of the limits of legal norms. Legal norms may differ from culture to culture, or differ based on religious backgrounds.

2.3.1.3 Specific Circumstances

Judgments of abnormality depend on specific circumstances as well as on cultural norms. For example, if someone is extremely fearful of an impending danger and shows distress and is unable to function on a day to day basis, after experiencing a severe trauma, then it can be inferred that his or her reaction is a normal reaction to an abnormal situation. Many painful human experiences produce intense reactions.

2.3.2 Distress

Some people who function abnormally maintain a positive frame of mind. For example, if a person had a delusion of grandiosity, that is, if someone believed

that he has been bestowed with special powers, then the reported subjective feelings of the person will certainly not be one of distress. So, the question is then whether the criteria of distress for diagnosing abnormal behaviour are adequate. It should be considered as criteria only based on the overall observation of the behaviour.

2.3.3 Dysfunction

Abnormal behaviour tends to be *dysfunctional;* that is, it interferes with daily functioning or normal routine. Mental illness upsets, distracts, or confuses people so much that they cannot care for themselves properly, participate in ordinary social interactions, or work productively. For example, someone has to quit his/her job, leave his/her family, and withdraw from the productive life he/she once led. This behaviour can be considered abnormal if the person has no other means of financial support.

However, the concept of 'functioning' is not clear, as some behaviors that can cause 'failure to function' are not seen as bad, i.e. firemen risking their lives to save people in a blazing fire or Mahatma Gandhi or his followers going on hunger strikes to procure social justice.

Then again, dysfunction alone does not necessarily indicate psychological abnormality. Mahatma Gandhi and his followers, for example, went on a fast or in other ways deprived themselves of things they needed as a means of protesting social injustice. Far from receiving a clinical label of some kind, they are widely viewed as admirable people—caring, sacrificing, even heroic.

2.3.4 Danger

It is the ultimate or critical factor of psychological dysfunctioning. It is very essential to judge whether a behaviour is *dangerous* to self or others. Individuals whose behaviour is consistently careless, hostile, or confused may be placing themselves or those around them at risk. Although danger is often cited as a feature of abnormal psychological functioning, research suggests that it is actually the exception rather than the rule. Despite popular misconceptions, most people struggling with anxiety, depression, and even bizarre thinking pose no immediate danger to themselves or to anyone else.

2.4 THE ELUSIVE NATURE OF ABNORMALITY

Till here, it must be clear to you that if you want to understand the concept of abnormality you need to consider the concerned social norms and values. Ultimately, each society selects general criteria for defining abnormality and then uses those criteria to judge particular cases. Noting society's role in this process, one clinical theorist, Thomas Szasz (2000, 1997, 1970), argues that the whole concept of mental illness is invalid, a myth of sorts. According to Szasz, the deviations that society calls abnormal are simply "problems in living," not signs of something wrong within the person. Societies invent the concept of mental illness so that they can better control or change people whose unusual patterns of functioning upset or threaten the social order.

Even if we assume that psychological abnormality is a valid concept and that it can indeed be defined, we may be unable to apply our definition consistently. If a behaviour (e.g. excessive use of alcohol among college students) is familiar

enough, the society may fail to recognize that it is deviant, distressful, dysfunctional, and dangerous. Many college students may be so dependent on alcohol that it interferes with their personal and academic lives, causes them great discomfort, jeopardizes their health, and often endangers them and the people around them. Yet their problem often goes unnoticed, certainly undiagnosed, by college administrators, other students, and health professionals. Alcohol is so much a part of the college subculture that it is easy to overlook drinking behaviour that has become abnormal. Conversely, a society may have trouble distinguishing between an abnormality that requires intervention and an *eccentricity,* or marked individuality, with which others have no right to interfere. From time to time we see or hear about people who behave in ways we consider strange, such as a man who lives alone with two dozen cats and rarely talks to other people. The behaviour of such people is deviant, and it may well be distressful and dysfunctional, yet many professionals think of it as eccentric rather than abnormal.

In short, while we may agree to define psychological abnormalities as patterns of functioning that are deviant, distressful, dysfunctional, and sometimes dangerous, we should be aware that these criteria are often vague and subjective.

Even functioning that is considered unusual does not necessarily qualify as abnormal. According to many clinical theorists, behaviour, ideas, or emotions usually have to cause *distress* before they can be labelled abnormal. This criterion takes into account the people's subjective feelings of content. If people are content with their lives, then they are considered to be mentally healthy and they are of no concern to the mental health establishment. If they are distressed with their thoughts or behaviour then they require treatment. This approach considers people as the judge of their own normality rather than subjecting them to the judgment of society or diagnostician. The problem with this criterion is that it gives no standards to judge or evaluate behaviour. Therefore, the most important criterion for assessing abnormality is how the behaviour affects the well-being of the individual or the social group. If the individual is not able to meet the day to day demands of his/her life then the pattern is considered as abnormal. The maladaptiveness standard concentrates on the practical matter of getting through life successfully. Researches show that the standard of maladaptiveness focuses on behaviour related to life circumstances and it can accommodate many different styles of living.

It is apparent that all the above criteria have limitation for diagnosing abnormal behaviour. It is either based on facts or values.

Self Assessment Questions 2

Answer the following questions in a single sentence:

1) How can you say that abnormal function tends to be dysfunctional?

   .....

2) How can you say that 'danger' is a feature of abnormal psychological functioning?

   .....

3) How can you conclude that a persons' behaviour was a 'crime'?

   .....

2.5 A COMBINED STANDARD

Despite the differences and confusion in explaining the concept of mental illness, most societies have framed a set of categories. The Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association's and the mental disorders chapter of World Health Organization's International Classification of Diseases efforts at identifying mental disorders rest on a combined standard of facts and values.

Maher and Maher (1985) gave four basic categories of abnormal behaviour:

- Behaviour that is harmful to the self or that is harmful to others without serving the interests of self.
- Poor reality contact.
- Emotional reactions inappropriate to the person's situation.
- Erratic behaviour- which refers to sudden shifts in behaviour shown.

2.6 PROBLEMS IN CHARACTERIZING ABNORMAL BEHAVIOUR

Although there are clear criteria for defining abnormality, yet the diagnosing of abnormal conditions still challenging. An example to support this was the experiment conducted by American psychologist David L. Rosenhan in 1973, which was published under the title 'On being sane in insane places' in the journal *Science,* and stirred up a lot of reactions and criticisms among the psychiatric community. It was a two-part experiment exploring the consistency and validity of traditional methods of psychiatric diagnoses. For the first experiment, Rosenhan arranged a group of 8 normal individuals called 'pseudopatients' who were known to have no psychological or psychiatric pathology. They included a psychology graduate student, three psychologists, a paediatrician, a psychiatrist, a painter and a housewife. Three of them were women and five of them men. Rosenhan was one among them. These pseudopatients appeared at 12 different psychiatric hospitals (11 university or state hospitals and 1 private hospital), reporting a false complaint of repeatedly hearing something such as "thud", or "hollow" or "empty" and gaining secret admission. They used pseudonyms (false names) to feign their real identity. However, other than this fabricated complaint of auditory hallucination, they reported no other problems and behaved completely normal, i.e., as they would usually behave. Rosenhan conducted this experiment to see if psychiatrists could correctly identify the pseudopatients with one fabricated symptom, as sane.

To everyone's embarrassment, all these patients were diagnosed with schizophrenia, except the one who appeared at the private institution who was diagnosed with manic-depressive psychosis. All of them were admitted into inpatient wards, with stay ranging between 7 and 52 days and averaging at 19 days. As instructed and planned prior to the study, these pseudopatients stopped complaining of the initial complaint soon after admission. They observed the condition and happenings inside the psychiatric hospitals keenly

and took notes diligently. Initially, their note-taking was secretive and discrete, but as soon they realized that no one else was paying attention, they started taking notes openly. They were cooperative, friendly, and pleasant, and were also recorded in the hospital records as being so. Despite all this, none of them were identified as sane during the hospital stay. They were prescribed psychotropic drugs, which they reportedly discarded without the knowledge of the hospital staff. They were released with a discharge diagnosis of 'schizophrenia in remission', after they admitted to being insane but feeling improvement. Some of the results of Rosenhan's experiment came to be known to the staff of a certain teaching psychiatric hospital, which claimed that such errors would not happen at their institution. This claim formed the basis for the second part of the experiment. Rosenhan made an arrangement with this hospital, letting them know that he would send one or more pseudopatients (i.e., sane individuals) to their hospital in the next three month period to gain secret admission. Each staff (including attendants, nurses, psychiatrists, physicians, and psychologists) were asked to rate each patient presenting for admission based on their suspicion of being a pseudopatient and thereby identify the impostors. During the three month period, 193 patients were judged and of these, 41 patients (~21%) were identified as pseudopatients by at least one staff member, while 23 patients (~12%) were identified as pseudopatients by at least one psychiatrist. Nineteen patients (~10%) were identified as pseudopatients by one psychiatrist and one other staff member. The results of this second part of the experiment were more embarrassing than the first – Rosenhan reported that he had sent no pseudopatients to this hospital during that period.

From both these experiments, it can be suggested that traditional methods of diagnosis of mental illness were incapable of identifying, at least uniformly and consistently, even within one nation and one culture, sanity from insanity, and abnormality from normality. In the first experiment, psychiatrists committed a false positive diagnosis of a sane person as insane, i.e., what statisticians would call a Type 2 error. That is to say, the psychiatrists assumed disease even in a healthy individual, rather than missing a serious diagnosis such as schizophrenia. This is understandable, given the style of training during medical education where assuming illness in a healthy person (in order to give the benefit of doubt and empiric beneficial treatment) is taught to be more acceptable than missing a diagnosis of a potentially serious illness. In the second part of the experiment, when the staff were consciously alerted of the possibility of faking insanity, they tended to make numerous false negative diagnoses, i.e., Type 1 errors. Thus, Studies show that Rosenhan concluded that due to a significant rate of Type 1 and Type 2 errors, the contemporary diagnostic method for mental illness was unreliable.

2.7 CAUSES OF ABNORMALITY

Besides the above facts, there are certain causal factors that causes or leads to abnormality, like:

2.7.1 Biological Factors

Studies shows that certain kinds of mental illnesses are related to an abnormal balance of special chemicals in the brain called *neurotransmitters*.

Neurotransmitters help nerve cells in the brain to communicate with each other. If these chemicals are out of balance or are not working properly, messages may not be conveyed through the brain correctly, leading to symptoms of mental illness. Other biological factors such as defects in or injury to certain areas of the brain have also been linked to some mental conditions.

Biological factors that may be involved in the development of mental illness include:

- **Genetics (heredity)**: Many mental illnesses run in families, suggesting that people who have a family member with a mental illness are more likely to develop such illness themselves. Mental illness itself occurs from the interaction of multiple genes and other factors for example, stress, abuse, or a traumatic event that can influence, or trigger, an illness in a person who has an inherited susceptibility to it.

- **Infections**: Certain infections have been linked to brain damage and the development of mental illness or the worsening of the symptoms.

- **Brain defects or injury**: Defects in or injury to certain areas of the brain has also been linked to some mental illnesses.

- **Prenatal damage**: Some evidence suggests that a disruption of early foetal brain development or trauma that occurs at the time of birth; for example, loss of oxygen to the brain may be a factor in the development of certain conditions, such as Autism.

2.7.2 Substance Abuse

Long-term alcohol or substance abuse, in particular, has been linked to anxiety, depression, and paranoia.

2.7.3 Psychological Factors

The psychological factors involved in the development of mental disorders include severe psychological trauma experienced since childhood, such as emotional, physical, or sexual abuse**,** an important early loss, such as the loss of a parent**,** neglect, and poor ability to relate to others.

2.7.4 Environmental Factors

Certain stressors can trigger an illness in a person who is susceptible to mental illness. These stressors include: death or divorce, a dysfunctional family life, feelings of inadequacy, low self-esteem, anger, or loneliness, changing jobs or schools, social or cultural expectations, and substance abuse by the person or the person's parents.

The paradigm of biopsychosocial model incorporates biological, psychological and social factors (already discussed in the previous block). This model attempts to understand mental disorders from the perspective that it can arise from multiple sources and that no single accepted or consistent cause has been established.

Self Assessment Questions 3

Fill in the blanks:

1) Neurotransmitters help ..... in the brain to communicate with each other.

2) People who have a family member with a mental illness are .... to develop such illness themselves.

3) ..... itself occurs from the interaction of multiple genes and other factors for example, stress, abuse, or a traumatic event.

4) The psychological factors involved in the development of mental disorders include severe psychological trauma experienced since ..... .

2.8 LET US SUM UP

We started up with a discussion towards understanding the concept of normality. You were also explained about the various criteria, measurement and aetiology (causes) of abnormality. It can be summed up from the above discussions that, the abnormal functioning is generally considered to be deviant, distressful, dysfunctional, and dangerous. While assessing any behaviour, it is important to consider the context in which it occurs. Further, the concept of abnormality depends on the norms and values of the society in question. A variety of perspectives and professionals have come to operate in the field of abnormal psychology, and many well-trained clinical researchers now investigate the field's theories and treatments.

2.9 UNIT END QUESTIONS

1) Define normality?

2) Describe ways to distinguish between normal and abnormal behaviour?

3.) What are major criteria for assessing normal behaviour?

4) What are the traits that a normal person usually possesses?

5) What are the major criteria for assessing mental illness?

6) What are basic causes of abnormal behaviour?

2.10 ANSWERS TO SELF ASSESSMENT QUESTIONS

Self Assessment Questions 1

1) False

2) True

3) True

4) False

Self Assessment Questions 2

1) Abnormal behaviour tends to be dysfunctional because it interferes with daily functioning or normal routine. Mental illness upsets, distracts, or confuses people so much that they cannot care for themselves properly, interact socially interactions, or work productively.

2) Abnormal behaviour is dangerous to self or others. Individuals whose behaviour is consistently careless, hostile, or confused may be placing themselves or those around them at risk.

3) A persons' behaviour is termed as 'crime', if he/she violates legal norms.

Self Assessment Questions 3

1) nerve cells

2) more likely

3) Mental illness

4) childhood

2.11 REFERENCES

Alloy, L.B., Riskind, J.H. & Manose, M.J. (2006). Abnrmal Psychology: Current Perspectives, 9th edn., McGraw Hill, New Delhi.

Rosenhan DL. On being sane in insane places. Science. 1973;179:250–8.

Vaillant & Vaillant (2009). Normality and Mental Health. Comprehensive text book of Psychiatry 9th Edition

WHO (2011). http://www.who.int/features/factfiles/mental_health/en/index.html

WHO (2012). http://www.who.int/topics/mental_health/en/