

## 7. Definition of abnormality (30 minutes)

**(a) Outline three definitions of abnormality.**

*(2 marks + 2 marks + 2 marks)*

Abnormality has been defined in a number of ways, including: unusual behaviour that is different from the norm; behaviour that does not conform to social expectations or demands; statistical infrequency; failure to function adequately; presence of pronounced psychological suffering or distress; deviation from ideal mental health. Outline any three and provide an example of each.

**(b) Describe limitations associated with attempts to define abnormality.**

*(6 marks)*

Statistical infrequency: most people suffer psychological problems at some time in their lives hence psychological problems are statistically normal. Many psychological attributes are assumed to be normally distributed, e.g. IQ scores. However, very high IQs, which are statistically rare, are not likely to be considered abnormal whereas very low scores are.

Deviation from social norms: Szasz (1972) suggested that psychopathology is manufactured in order to label people who do not conform to social norms or rules of morality. The American Psychiatric Society, for example, classified homosexuality as a mental disorder until 1973. Social norms are specific to cultures, for example, British psychiatrists (being mainly male, white and middle class) may not be well prepared to understand the behaviour, emotions and motivations of individuals from different cultural and social backgrounds. This could account for why Afro-Caribbean immigrants have been up to seven times more likely to be diagnosed with schizophrenia (Cochrane 1977).

**(c) Describe the behavioural model of abnormality.**

*(6 marks)*

Emphasizes the role of environmental influences upon overt behaviour. Concepts such as mental illness are not used because mental structures are of no interest to advocates of this model. Abnormal behaviour is viewed as being learned by the processes of classical and operant conditioning. The case of 'Little Albert' (Watson and Raynor 1920) is often cited as a demonstration of how a phobia could develop by a process of classical conditioning. Abnormal behaviour may also result from operant conditioning. Carey and Carey (1995) consider that the initial pleasure derived from drug use may act as positive reinforcement (reward) and lead to addiction. Depression is viewed as a consequence of a lack of positive reinforcement or too much punishment, which is often brought about by life changes such as becoming unemployed. The behavioural model has led to the development of aversion therapy, systematic desensitization for treating phobias, and behaviour modification programmes.



# Answers:

**LEVEL: AS**

**PSYCHOLOGY – Abnormality**

**(d) 'No single model can account for the causes of psychological abnormality.'**

**With reference to alternative psychological models, evaluate the medical model as an explanation of abnormality.**

*(12 marks)*

A biological approach using medical language such as patient, symptoms, illness, treatment etc. Has been the dominant model for over 200 years, with psychiatric systems classifying disorders by their symptoms. Recently, developments in biochemistry and genetics have advanced biological understanding of mental disorders. Many of the treatments deriving from these advances have claimed success. The use of serotonin reuptake inhibitors such as Prozac appear effective in 65-75% of cases of depression. However, they may cause negative side effects (e.g. insomnia). Drug treatment can lead to dependence and may treat symptoms rather than causes. For example, may adjust neurotransmitter levels but do nothing about the situation that caused the disorder to start with. Furthermore, it is possible that biochemical imbalances may be caused by, rather than be the cause treatment of psychological disorders.

The strongest evidence of genetic effects relates to schizophrenia and bipolar depression but measures to prevent the onset of these psychopathologies have not yet been developed. Evidence suggests that genes alone are not the cause of these psychological disorders; they only increase the likelihood that individuals will develop them. Hence the biological reductionism inherent in the medical model is too simplistic to explain complex emotional and mental processes.

In terms of the diathesis-stress model, psychopathology results from an interaction between biological predisposition and environmental influences. This allows a variety of models to make a contribution to the understanding of abnormality. In the case of phobias, for example, humans may be biologically prepared to develop fear of certain animals or situations due to selective evolutionary processes, but both classical conditioning and negative reinforcement (features of the behavioural model) are also important considerations. Contributions to the explanation of eating disorders have derived from biological, behavioural, cognitive, psychodynamic, and humanistic models.

**(Total marks 30)**