

# abnormal theories abnormal psychology

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Abnormal Psychology The following disorder definitions are taken from Harcourt Brace Jovanovich Inc.'s Introduction to Psychology

Anxiety disorders Includes disorders in which anxiety is the main symptom( generalized anxiety or panic disorders) or anxiety is experienced unless the individual avoids feared situations(phobic disorders) or tries to resist performing certain rituals or thinking persistent thoughts(obsessive-compulsive disorders). Also includes post-traumatic stress disorder.

Mood disorders Disturbances of normal mood; the person may be extremely depressed, abnormally elated, or may alternate between periods of elation and depression.

Personality disorders Long-standing patterns of maladaptive behavior that constitutes immature and inappropriate ways of coping with stress or solving problems. Antisocial personality disorder and narcissistic personality disorder are two examples.

Schizophrenia A group of disorders characterized by loss of contact with reality, marked disturbances of thought and perception, and bizarre behavior. At some phase delusions or hallucinations almost always occur.

Delusional(paranoid) disorders Disorders characterized by excessive suspicions and hostility accompanied by feelings of being persecuted; reality contact in other areas satisfactory.

Sexual disorders Includes problems of sexual identity (for example, transsexualism), sexual performance(for example, impotence, premature ejaculation, and frigidity), and sexual aim(for example, sexual interest in children, sadism, and masochism).

Psychoactive substance abuse disorders Includes excessive use of alcohol, barbituates, amphetamines, cocaine, and other drugs that alter behavior. Marijuana and tobacco are also included in this category, which is controversial

Somatiform disorders The symptoms are physical, but no organic basis can be found and psychological factors appear to play the major role. Included are conversion disorders(for example, a women who resents having to care for her invalid mother suddenly develops a paralyzed arm) and hypochondriasis(excessive preoccupation with health and fear of disease when there is no basis for concern.) Does not include psychosomatic disorders that have an organic basis.

Dissociative disorders Temporary alterations in the functions of consciousness, memory, or identity due to emotional problems. Included are amnesia9 the individual cannot recall anything about his or her history following a traumatic experience) and multiple personality (two or more independent personality systems existing within the same individual).

Lecture 1 DEFINITIONS Lecture outline I. Introduction II. Definitions of abnormality A. Statistical deviation B. Social norm violation C. Maladaptive behavior D. Personal distress E. Deviation from an ideal F. Medical disorder III.Problems with the definitions IV. Conclusions

I. Introduction What do we mean when we talk about abnormal behavior? The definition of abnormality has gone through many dramatic changes through history: Demons, gods, and magic; bodily fluids and wandering uterus; astral influences; physical illness; etc. (Chapter 2 of your book looks at many of these early theories). How we conceptualize the nature and cause of abnormal behavior has important implications for 1) how we conceptualize treatment, the clinician's role, and the client's role; and 2) what we see in research and treatment, and perhaps more importantly what we don't see.

Eg: possession definition logically leads to trephining. Bodily fluids definition logically leads to bleeding. If you see witches, you won't see social causes such as oppression.

II. Definitions of Abnormality Today there are various definitions that are used by psychologists and people in general for defining abnormal behavior (Bootzin & Acocella, 1984; Carson, Butcher & Coleman, 1988; Sarason & Sarason, 1984; Weckowicz, 1984). These definitions are not necessarily mutually exclusive.

A. Statistical deviation: The defining characteristic is uncommon behavior - a significant deviation from the average/majority. Many human characteristics are normally distributed. Handout 1-1 illustrates a normal distribution. Basically, we're talking about a nice symmetrical bell-shaped curve along which we can rank people: more people fall around the average; the farther away you get from the average, the fewer the people. Example: Height is a human characteristic. Most people fall around the average height of 5'8 (I just made this value up, I don't know if it is in fact the average human height). In this example, height can be said to be normally distributed. Characteristics falling beyond a particular distance from the average values are sometimes seen as abnormal. This distance is defined in terms of standard deviation units - these are values that tell the scientist how many people fall beyond the average. For example: The percentage of people 1 standard deviation greater than the average is about 34% (see Handout 1-1). A convention selected (arbitrarily) by scientists is to see people falling beyond 2 standard deviations as abnormal (95.4% falls within the 2 sd boundaries). This is perhaps the most straight forward definition: collect data, calculate averages and sd's. Eg: Intelligence - there is a normal distribution of IQ scores. Those whose scores are 2 sd's below the mean of 100 are, by this definition mentally retarded (ie: abnormal). See Handout 1-2.

B. Social norm violation: Breaking social rules. Most of our behavior is shaped by norms - cultural expectations about the right and wrong way to do things. Examples of norms: proper dress, how/what to eat, behavior on the first date, eye contact with strangers, student/instructor behavior, in fact, all aspects of our lives. Someone who frequently violates these unwritten rules is seen as abnormal. This is a very powerful and persuasive definition. It is seemingly common-sense. Norms are so deeply ingrained they seem absolute.

C. Maladaptive behavior: Two aspects to this: 1) Maladaptive to one's self - inability to reach goals, to adapt to the demands of life, and 2) maladaptive to society - interferes, disrupts social group functioning. Eg: John, a 38 male, drinks every day to the point of losing consciousness. He is argumentative with his family and friends, and has gotten into frequent fights at work. Last week he swore at his boss, and as a result has been fired. John does not seem to have any motivation to find further employment. Nevertheless, he spends what little money he has in savings on alcohol and unnecessary items such as candy, video tapes, and what ever else he might want at the moment. John often dwells on how worthless he thinks he is, but also on how others do not treat him properly. When not aggressive, he is frequently depressed. This is a practical definition: it identifies those unable to cope. It is also a flexible definition: it takes into account an individual's context, recognizing that maladaptive is a relative term - it depends on the person's life circumstances (Sarason and Sarason, 1984).

D. Personal distress: Put simply, if the person is content

with his/her life, then s/he is of no concern to the mental health field. If, on the other hand, the person is distressed (depressed, anxious, etc), then those behaviors and thoughts that the person is unhappy about are abnormal behaviors and thoughts. E. Deviation from an ideal: This perspective requires specification of what the ideal personality is. Falling short of this specified ideal is an indication of mental illness. (Certain Psychological theories attempt this specification, especially the humanistic and existential orientations). Thus a person may be seen as abnormal even if they seem to be functioning alright. Indeed, from this perspective, we are all striving for some ideal (personal or cultural), and many of us will never reach it. We all at some point deviate from or fall short of the ideal. So, in this sense, we are all abnormal to a certain degree, at least until we reach (if ever) the ideal (whatever that may be).

F. Medical disorder: Abnormality exists when there is a physical disease. Abnormal behavior is a symptom of a physical disorder. This is a biogenic definition. The person is qualitatively different from the unafflicted (Weckowicz, 1984). For example: Alzheimer's Disease - The major cause is atrophy of certain regions of the brain, typically occurring during the forties or fifties. The individual suffers from difficulties in concentration, leading to absent-mindedness, irritability and even delusions. Memory continues to deteriorate; and death usually occurs 10-12 years after onset of symptoms. No one definition is the correct or the best definition. To a certain extent each one captures a different aspect of the meaning of abnormality. When we talk about Abnormality, or when we study it, or treat those suffering from it, we inevitably invoke one or more of these definitions, either explicitly or implicitly -either we're aware of the definition(s) we're using or we're not. But we do use some definition. All of you have some definition in your heads about what psychological abnormality is, whether or not you could clearly state it. In any event, it is important, especially as scientists, that we make as explicit as possible the definition(s) we use, and acknowledge any limitations. To operate implicitly hinders our ability to develop as a science - our awareness is limited because as long as our definitions are implicit, they remain unchallengeable, we ignore alternatives, we don't stretch ourselves. And each definitional stance can certainly be challenged...

III. Problems with the definitions of abnormality There are exceptions with each stance, or in other words counter-examples. Identifying counter-examples is a useful exercise: it allows you to uncover a definition's logical flaws. A. Statistical deviation: This definition would mean a genius should be termed abnormal. Reliance on means and deviations implicitly sets up the identity average person = ideal person. Is the average the ideal? Are deviations from the average a sign of abnormality? In many respects, think how boring life would be if we were all average - all basically the same - no dramatic differences. Indeed, many of the wonderful advances made in our history (be it in art, science, culture...) resulted from people who took chances and tried new ways of doing things - people who deviated from what was the average way of doing things. Deviations can lead to flexibility and progress (cf. Dobzansky, 1962 for a discussion of genetic theory and the importance of variability for survival).

B. Social norm violation: a) Social reformers, protestors, etc. This definition would require that we label all social reformers as abnormal, people like Susan B. Anthony, a feminist leader. She wanted social rules changed - she rejected the norms of society. b) Cultural relativism. As natural and absolute the norms of our society seem to us, Sociology and Anthropology have taught us that there is in fact nothing absolute about them. What's abnormal (read norm violating) in one society may be perfectly normal (norm consistent) in another. The raw behavior hasn't changed, but the society has. eg: Sex and Temperament in New Guinea tribes - research by Margaret Mead (1963): Three tribes, each with very different norms.

1. Arapesh: Both males and females are mild, parental, and nurturing. 2. Mundugumar: Males and females are fierce, oppressive and cannibalistic. 3. Tchumbuli: Males are catty, wear curls and pretty clothes, love to go shopping. Females are energetic, managerial, unadorned. Each of these culture is different from the other. By which culture's standards do we judge a behavior to be abnormal? In addition, even in a single society such as the U.S., there are a myriad of subcultures. Add to this the fact that norms change through the years so that what's normative in one generation, may not be in another. We are left with a single society where there are no clear norms that apply across all individuals. This definitional stance implies that normality is the same as conformity to the mainstream, when in fact there are many streams. The term abnormality thus loses any firm referent.

C. Maladaptive behavior: This position ignores the possibility that there may be abnormal situations. That is, perhaps there are situations in which it would be abnormal to adapt. Eg: Germans who were unable to adapt to Nazi Germany (Bootzin & Acocella, 1984); A woman unable to cope with a husband who abuses her. The risk here is that we will end up blaming the victim (Ryan, 1976).

D. Personal distress: To say that abnormal behavior is behavior that causes a person distress/discomfort is to say that it is normal if there is no discomfort. Thus, it logically follows that someone like Charles Manson, a mass murderer, is normal: he feels no guilt or discomfort about the killings he is responsible for. Similarly, a psychotic patient who hears voices from his dead mother that make him happy. Conversely, distress may not always be a bad thing. Indeed, perhaps people who can easily express their fear, depression, or other forms of distress end up better dealing with their problems. Or some types of distress may actually be very useful: anxiety, for example, can signal you that danger is afoot and that you better prepare for it! It seems clear that the definition of abnormality must go beyond the limited confines of distress and discomfort, at least in certain situations.

E. Deviation from an ideal: Whose ideal? The ideal for the individual? the species? the culture? god? (Weckowicz, 1984). What if the ideal is unrealistic or unobtainable? Ideals, like social norms, are relative across groups and across time, so all the problems discussed above apply here as well. Here's an extreme example of the time-relative nature of ideals: Pythagoras founded a religion with its own clearly defined ideals, which included: don't pick up what has fallen, don't break bread, don't walk on highways, and abstain from beans (Russell, 1945)!

F. Medical disorder: a) Historically, some hoped that biological causes would be found for all psychological problems. But as we will see, there is a growing body of evidence that certain abnormal behaviors cannot be fully explained without looking at the psychology of the problem. Eg: Conversion hysteria (symptoms such as paralysis, blindness, deafness, which have no physical causes) results from a person's attempt to unconsciously cope with strong unwanted emotions such as anxiety. b) Implies health = absence of disease. According to the World

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Health Organization, health = a state of complete physical, mental and social well being and not merely the absence of disease and infirmity (Zubin, 1961, emphasis added). In other words: The absence of X doesn't necessarily mean the presence of Y. IV. Conclusions Using a definition is unavoidable and it is necessary. But choosing one is inherently unscientific - a value judgment in the final moment. When we choose a definition, we do so in part based on feeling, emotion, convenience, custom, appeal, ethics. There is an inherent nonscientific arbitrariness in this choice. The potential result is that psychologist Y and psychologist X could be talking about very different things when using the word abnormal. Confusion and controversy ensues, especially if the definitions remain implicit. However, as a science, we ideally make our definitions explicit and then attempt to clarify and modify these definitions through scientific/methodological rigor, with an eye always open to the exception and alternative explanations. It remains a philosophical debate whether the uncertainty of our definition of abnormality is surmountable or is an inherent fuzziness of the field. Finally, the definition we use in this course is multifaceted - using aspects of each definitional stance. Their individual shortcomings and mutual incompatibilities will create tensions in our discussions that we can use to explore some of the important issues in the study of psychopathology.

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