HL IB Psychology

Factors Influencing Diagnosis: Normality vs Abnormality

Contents

Defining 'Normal' vs 'Abnormal' Behaviour

What is 'Normal' Behaviour?

Is it possible to define ‘normal’ behaviour?

- ‘Normal’ behaviour could be defined as any behaviour which falls within **accepted social norms** e.g. washing regularly; walking on the pavement; speaking in grammatical, coherent sentences
- ‘Normal’ behaviour could be said to obey behavioural **conventions** as laid down by specific societies and **cultures**
- ‘Normal’ behaviour in one society or culture may not be considered normal by another society or culture e.g. marrying someone of the same sex is considered normal in some cultures and countries but not in others; belief in **demonic possession** may be considered normal in some countries or cultures but not in others
- When ‘normal’ behaviour is adhered to it tends to go unnoticed and not draw attention to itself
- Normality is **subjective** and may operate at an **idiosyncratic** level e.g. one person may eat boiled cabbage for breakfast and cornflakes for dinner every day which may be viewed as abnormal by others but for the individual concerned this diet represents their own version of ‘normal’

What is 'Abnormal' Behaviour?

Is it possible to define ‘abnormal’ behaviour?

- ‘Abnormal’ behaviour could be defined as any behaviour which falls outside of accepted social norms e.g. not washing regularly; walking down the middle of the road rather than on the pavement; speaking in ungrammatical, incoherent sentences
- ‘Abnormal’ behaviour could be said to flout, disregard or disobey behavioural **conventions** as laid down by specific societies and **cultures**
- ‘Abnormal’ behaviour may be viewed with alarm, distress or fear by those observing it
- ‘Abnormal’ behaviour tends to be noticeable; it draws attention to itself and will probably stand out distinctly from agreed social and cultural norms
- ‘Abnormal’ behaviour may result in unpleasant, negative consequences for the individual displaying it e.g. avoidance or abuse from others; being **sectioned** against their will; finding themselves in situations which are a danger to their physical and emotional health

Changing Definitions of Abnormality

How have attitudes towards 'normal' and 'abnormal' behaviour changed over time?

- Some behaviours which today (in most Westernised or industrialised societies) are viewed as normal were once labelled 'abnormal' e.g. **homosexuality**
- **Perceptions** of normality have changed over the centuries as societies have become increasingly sophisticated and tolerant of a range of behaviours and lifestyle choices which in previous decades or centuries may have resulted in social condemnation or even **criminal charges**
- Behaviours which have previously been viewed (both officially and unofficially) as 'abnormal' include epilepsy; homosexuality; living in poverty; being pregnant and unmarried
- Some cultures may still view specific behaviours such as homsexuality as 'abnormal' thus normality and abnormality cannot be said to be **universal** variables

Which studies investigate normality vs abnormality?

- **Jahoda (1958)**: set out criteria for identifying mentally healthy people
- **Mojtabai (2011)**: bereavement-related depression should not be considered 'abnormal' as it is part of the grieving process i.e. a normal response to bereavement

Both Jahoda (1958) and Mojtabai (2011) are available as Two Key Studies of Normality vs Abnormality – just navigate the Factors Influencing Diagnosis section of this topic to find them.

Worked Example

The question is, '*Evaluate one or more studies which focus on concepts of normality and abnormality*'. *[22]*

The question is asking you to weigh up the strengths and weaknesses of research used to investigate concepts of normality/abnormality. Here are two exemplar paragraphs for guidance:

Motjabai (2011) used a retrospective (i.e. looking back across time) longitudinal design for his research into grieving and depression. The researcher wished to test the hypothesis that individuals with bereavement-related depressive episodes do not have a higher risk of subsequent depressive episodes compared with individuals without a lifetime history of depression. The use of a longitudinal design was suitable for this topic as bereavement-related depression is a variable that cannot be studied via a typical snapshot design experiment. Rather it must take the form of research conducted over time in order for real changes to occur mapped to real-world experiences.

One limitation of using self-reporting methods however, is that they tend to result in the collection of quantitative data which means that the results lack explanatory power. In this study, interviews were conducted but the qualitative data was translated into quantitative data which inevitably loses much of the human element (e.g. thoughts, feelings, emotion) in the process. The study can therefore highlight what takes place after bereavement and who is more prone to depression but not why.

Factors Which influence the Diagnosis of Abnormal Behaviour

Diagnosing Abnormality

- There are key **criteria** available to **clinicians** which they use in order to **classify** or **diagnose** specific behaviours as 'abnormal'
- Most of the measures used to determine abnormality follow the **biomedical model** of disease which will (generally but not always) tend to result in some form of **drug therapy** being used to treat the illness e.g. **antidepressants** in the treatment of **depressive disorders**
- Clinicians tend to use four different (though overlapping) **measures** for determining whether an individual is exhibiting abnormal behaviour:

Table 1: Definitions of Abnormality

Measure	Explanation
Statistical deviation	Behaviour which falls outside of agreed **statistical parameters** e.g. an **IQ** of less than 70 is considered abnormal
Failure to function adequately	Behaviour which does not **conform** to accepted social standards e.g. not washing, not eating
Deviation from social norms	Behaviour which is shocking, surprising or which **challenges** social norms e.g. someone wearing a plant pot on their head
Deviation from ideal mental health	Behaviour which is not completely 'perfect' for that individual e.g. an inability to handle **stress**

Evaluation of the measures of abnormality

Statistical deviation:

Strengths

- The measures provide clear points of comparison between people, making it easy to test and to use as an **analytical tool** e.g. if person X scores 70 on an IQ test this falls a long way below the **mean average** for the population
- Applying statistical deviation as a measure includes the use of a **standardised tool** which means that the measure has built-in **reliability**

Limitations

- Statistical deviation would not recognise **depression** as abnormal behaviour because depression is estimated to affect around 280,000,000 people across the world at any given time i.e. it is not statistically deviant
- Some behaviours which are statistically deviant e.g. having an IQ of 175, are not necessarily undesirable or adverse yet they fall within the same frame of reference as do low IQ scores which limits the **usefulness** of this measure

Failure to function adequately (FTFA)

Strengths

- This measure provides clear guidelines for the classification and diagnosis of abnormality as it is focused on **observable** signs that an individual is not coping e.g. lack of hygiene, clear **behavioural distress signals**
- Checklists such as those provided by Rosenhan & Seligman (1989) can be used to assess the degree of FTFA which increases the reliability of the measure

Limitations

- FTFA is an overly **subjective measure** as one person's lack of hygiene may be another person's eco-friendly refusal to use deodorant which means that the FTFA measure may lack **validity**
- Some behaviours may appear to have the characteristics of FTFA but in fact are simply expressions of personal choice e.g. swimming with sharks may put a person's life in some danger but it would be difficult to argue that their behaviour is abnormal based on this criterion alone

Deviation from social norms (DSN)

Strengths

- An understanding of and **adherence** to what is agreed behaviour per society/culture could be said to be a **guiding principle** for harmonious living so this measure may help to identify behaviour which is damaging to other people and to society in general
- Someone who deviates from social norms may actually be giving a 'cry for help' with their behaviour e.g. by continually getting into fights with strangers, so this measure could be a good way of noticing that someone is in need of some sort of intervention

Limitations

- This measure may give rise to **culture bias** as some behaviours which are acceptable in one culture may be viewed adversely by another culture
- This measure may be mis-used by those in power to control or quash minority groups who are do not fall in line with current policy or prevailing **social mores** e.g. the Suffragette and Civil Rights movements were initially ridiculed and vilified by the press and some public figures

Deviation from ideal mental health (DIMH)

Strengths

- This is an **holistic** measure as it takes into account all facets and behaviours of a person
- This measure has good **application** as it can be used as the basis for **therapy** and treatments with its emphasis on the whole person and on positive mental health and **wellbeing**

Limitations

- This measure is almost impossible to live up to as it requires each individual to reach the highest levels of positive mental wellbeing (e.g. constantly **self-actualising**; being completely free of stress; being successful in love, work and leisure time) which may actually lead to people feeling demotivated and low in **self-esteem**
- This measure is also prone to **culture-bound syndrome** as it emphasises the importance of the individual which is not aligned with the attitudes and beliefs of **collectivist cultures**

Two Key Studies of Normality vs Abnormality

Aim: To determine a specific set of **criteria** which identify **ideal mental health** in humans.

Participants: 740 adults who represented workers from a range of occupations, both skilled and unskilled.

Procedure: The participants responded to a **survey** consisting of 40 items which were designed ultimately to determine what a **model** of ideal mental health should include.

Results: Jahoda identified six **characteristics** which she suggested demonstrate ideal mental health in a person:

- **1. A positive attitude towards the self,** which involves an individual having self-confidence, self-reliance, and initiative, whilst having a realistic understanding of their own strengths and weaknesses
- **2. Growth, development, and self-actualisation,** which could involve an individual progressing in their academic life/career; having the capacity to develop a mature and balanced outlook on life
- **3. Integration,** which involves an individual developing a holistic outlook on life; feeling secure within themselves and being able to withstand mental stress
- **4. Autonomy**, which involves an individual exercising independence, decision-making and **self-determination**
- **5. Accurate perception of reality,** which involves an individual using **objective**, **unbiased** evidence in their **appraisal** of other people and the world in general (the ability to be **empathic** is also key to this characteristic
- **6. Environmental mastery**, which involves an individual feeling confident and capable when operating within their social roles e.g. as a colleague, as a parent, as a team-member

Conclusion: Ideal mental health can be determined via an individual satisfying the six criteria outlined in the model.

Evaluation of Jahoda (1958)

Strengths

- The model provides a clear **baseline** for determining the characteristics of ideal mental health and, as Jahoda points out, good mental health cannot simply be defined as a *lack* of poor mental health, thus the model has some **validity**
- The model has good **application** for **therapeutic settings** as it could be used to form a template or checklist to track and identify a client/patient's progress through their mental health journey

Limitations

- It could be argued that to achieve all six of these criteria at the same time is impossible for most people thus the model lacks some **reliability** as it is unlikely to show **consistency** over time
- Jahoda's model is unlikely to be **culturally relevant** for all people as it assumes an **individualistic** approach (e.g. self-actualisation) which means that it lacks **external validity**

Key Study Two: Mojtabai (2011)

Aim: To investigate the idea that individuals with **bereavement-related depressive episodes** do not have a higher risk of depression overall compared with individuals who have not had depression in their lifetime i.e. simply suffering a bereavement will not lead to future depression in an individual.

Participants: A **community-based sample** of participants (who were taking part in the *National Epidemiologic Survey on Alcohol and Related Conditions*) from the USA who were tested in two phases (43,093 in phase 1; 34,653 in phase 2).

Procedure:

- The participants were part of a **retrospective longitudinal** study into **grieving** and depression conducted from 2001– 2002 and from 2004–2005
- The researchers used **structured interviews**, using the *Alcohol Use Disorder and Associated Disabilities Interview Schedule – **DSM-IV** version* to guide the type of questions asked
- The interview schedule described above was designed as a **diagnostic tool** used to diagnose **mood, anxiety, substance abuse,** and other related disorders
- The researchers measured the participants' **demographic** characteristics, including their age at the onset of their depression; any history of depression in their family; if they had used mental health services, and any new depressive episodes they experienced during the 3–year follow up period
- Major depressive episodes were defined as having a duration of at least 2 weeks, during which the participant would have experienced 5 or more of the nine *DSM-IV* symptoms, particularly **impairmen**t and/or **distress**
- The **qualitative data** collected via interview was translated into **quantitative data** via a specific **scoring system**

Results:

- Participants with bereavement-related, single, brief depressive episodes tended to be older at onset, were more likely to be African-American, and were less likely to have had impairment, anxiety disorders or a previous psychiatric treatment history
- These participants were also less likely than other participants with bereavement-unrelated single, brief depressive episodes to experience **fatigue**, increased sleep, feelings of worthlessness, and suicidal thoughts
- These participants also had a much lower risk of developing depression during the follow-up period

Conclusion: Depressive symptoms associated with bereavement can be explained by the bereavement itself, they are not signs that a person is prone to depression generally so **DSM-5** should exclude bereavement-related depression from the list of depressive episodes requiring treatment.

Evaluation of Motjabai (2011)

Strengths

- The two large sample sizes used in both phase 1 and phase 2 (more than 10,500 participants in the combined total) gives this study good **reliability** due to the **robustness** of the quantitative data collected
- The recommendation by Motjabai to challenge the idea that bereavement-related depression is a mental illness is one which could be helpful to those affected by grief and in turn this could lead to more acceptance that grief and its attendant low mood is a natural part of the grieving process

Limitations

- It is possible that some of the participants may have succumbed to **social desirability bias** when describing their depressive episodes (e.g. by over-playing or under-playing their symptoms depending on what may have seemed more socially acceptable to them) which would impair the validity of the findings
- The findings could - ironically - lead to some bereaved individuals feeling that it is 'wrong' to experience bereavement-related depressive episodes in the future and this may result in them under-reporting or hiding their symptoms

Worked Example

ERQ (EXTENDED RESPONSE QUESTION) 22 MARKS

The question is, '*Evaluate **one or more** studies which focus on the concepts of normality and abnormality'. [22]*

This question is asking you to weigh up the strengths and weaknesses of one or more studies which investigate concepts of normality/abnormality. Here are two paragraphs which deal with the same evaluation issue, first as a strength and then as a weakness of the model:

Jahoda's (1958) model of ideal mental health could be said to be groundbreaking to some extent in that it posits a framework whereby mental health - rather than illness - can be measured. The tendency up until Jahoda's model was to think about mental health only in terms of negative perspectives e.g. checklists and questionnaires which are designed to identify disorders such as depression or anxiety. This focus on the positive side of mental health is a strength of the model as it provides clear milestones which could be used for therapeutic purposes e.g. a patient may be able

to claim that they have satisfied the criteria for at least one of the six criteria which could in turn motivate them to working towards full mental wellness.

A weakness of the model is its emphasis on 'ideal mental health', the seemingly impossible attainment of all six criteria all at the same time which may de-motivate someone who is striving to achieve good mental health. If someone has achieved 'only' three of the criteria they may feel that they are worthless, hopeless, a failure when in fact it would be very difficult for even the most balanced, upbeat and positive person to be able to lay claim to all six criteria consistently. In this way the model is flawed as it does not acknowledge that full and 'perfect' mental health is not really achievable or maybe even desirable: a certain degree of stress or uncertainty in a person's life may actually be good for them and may push them to develop and grow as a human being in many ways.