

Abnormal Psychology: Concepts of Normality

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Abstract

This chapter provides a framework for developing an undergraduate course in abnormal psychology. Authors make recommendations about how to structure the course and outline necessary competencies, including the M.A.P.S. framework for understanding the limits of diagnostic classification systems.

By identifying challenges associated with defining abnormality, problems with a strict medical model for understanding mental illness, not understanding the etiology of symptoms, pigeonholing individuals, and only paying attention to superficial symptoms, the authors suggest ways to ensure that students view the classification of mental disorders through a critical lens and take a wider view of diagnosis.

Concrete tools and sample activities are included to help instructors expand their teaching repertoire for abnormal psychology.

Introduction of normality and abnormality

The area of psychological disorders is called “abnormal behaviour”. Abnormal behaviour presents psychologists with a difficult task: it is difficult to define and therefore it is difficult to diagnose because it is, to a large extent, based on the symptoms people exhibit or report. Making a correct diagnosis is extremely important because this dictates the treatment people receive. Psychiatrists and psychologists use a standardized system called a diagnostic manual to help them, but such a system is not without faults. Since there is no clear definition of normality—or abnormality—and symptoms of the same psychological disorders may vary not only between individuals but also between social and cultural

groups, it is clear that a psychiatric diagnosis may be biased or even wrong. Definitions of normality and abnormality can also change over time.

Often, a decision about whether or not an individual's behaviour is abnormal depends on a series of value judgments based on subjective impressions. Definitions of "normality" are part of the diagnostic process, which is why it is considered important to establish some objective criteria. At present, there is a tendency to rely on the *subjective* assessments of clinicians, in combination with the diagnostic tools of classification systems.

It is not an easy task to define what is normal and what is abnormal. Behavioural measures, such as intelligence and short-term memory, tend to be normally distributed—that is, the distribution from a sample of people tends to fall within a bell-shaped curve. Being normal falls within this bell curve.

Understanding Abnormal Behavior

To understand what abnormal behavior is, we first have to understand what normal behavior is. Normal really is in the eye of the beholder, and most psychologists have found it easier to explain what is wrong with people than what is right. How so?

Psychology worked with the disease model for over 60 years, from about the late 1800s into the middle part of the 20th century. The focus was simple – curing mental disorders – and included such pioneers as Freud, Adler, Klein, Jung, and Erickson. These names are synonymous with the psychoanalytical school of thought. In the 1930s, behaviorism, under B.F. Skinner, presented a new view of human behavior. Simply, human behavior could be modified if the correct combination of reinforcements and punishments were used. This viewpoint espoused the dominant worldview of the time – mechanism – which presented the world as a great machine explained through the principles of physics and chemistry. In it, human beings serve as smaller machines in the larger machine of the universe.

Moving into the mid to late 1900s, we developed a more scientific investigation of mental illness, which allowed us to examine the roles of both nature and nurture and to develop drug and psychological treatments to "make miserable people less miserable." Though this was an improvement, there were three consequences as pointed out by Martin Seligman in his 2008 TED Talk entitled, "The new era of positive psychology." These are:

- “The first was moral; that psychologists and psychiatrists became victimologists, pathologizers; that our view of human nature was that if you were in trouble, bricks fell on you. And we forgot that people made choices and decisions. We forgot responsibility. That was the first cost.”
- “The second cost was that we forgot about you people. We forgot about improving normal lives. We forgot about a mission to make relatively untroubled people happier, more fulfilled, more productive. And “genius,” “high-talent,” became a dirty word. No one works on that.”
- “And the third problem about the disease model is, in our rush to do something about people in trouble, in our rush to do something about repairing damage, it never occurred to us to develop interventions to make people happier — positive interventions.”

How Do We Determine What Abnormal Behavior Is?

In the previous section we showed that what we might consider normal behavior is difficult to define. Equally challenging is understanding what abnormal behavior is, which may be surprising to you. A publication which you will become intimately familiar with throughout this book, the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders 5th edition, Text Revision (DSM-5-TR; 2022), states that, “Although no definition can capture all aspects of the range of disorders contained in DSM-5” (pg. 13) certain aspects are required. These include:

- Dysfunction** – Includes “clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning” (pg. 14). Abnormal behavior, therefore, has the capacity to make well-being difficult to obtain and can be assessed by looking at an individual’s current performance and comparing it to what is expected in general or how the person has performed in the past. As such, a good employee who suddenly demonstrates poor performance may be experiencing an environmental demand leading to stress and ineffective coping mechanisms. Once the demand resolves itself, the person’s performance should return to normal according to this principle.
- Distress** – When the person experiences a disabling condition “in social, occupational, or other important activities” (pg. 14). Distress can take the form of psychological or physical pain, or both concurrently. Alone though, distress is not sufficient enough to describe behavior as abnormal. Why is that? The loss of a loved one would cause even the most “normally” functioning individual pain.

An athlete who experiences a career-ending injury would display distress as well. Suffering is part of life and cannot be avoided. And some people who exhibit abnormal behavior are generally positive while doing so.

●**Deviance** – Closer examination of the word abnormal indicates a move away from what is normal, or the mean (i.e., what would be considered average and in this case in relation to behavior), and so is behavior that infrequently occurs (sort of an outlier in our data). Our **culture**, or the totality of socially transmitted behaviors, customs, values, technology, attitudes, beliefs, art, and other products that are particular to a group, determines what is normal. Thus, a person is said to be deviant when he or she fails to follow the stated and unstated rules of society, called **social norms**. Social norms change over time due to shifts in accepted values and expectations. For instance, homosexuality was taboo in the U.S. just a few decades ago, but today, it is generally accepted. Likewise, PDAs, or public displays of affection, do not cause a second look by most people unlike the past when these outward expressions of love were restricted to the privacy of one's own house or bedroom. In the U.S., crying is generally seen as a weakness for males. However, if the behavior occurs in the context of a tragedy such as the Vegas mass shooting on October 1, 2017, in which 58 people were killed and about 500 were wounded while attending the Route 91 Harvest Festival, then it is appropriate and understandable. Finally, consider that statistically deviant behavior is not necessarily negative. Genius is an example of behavior that is not the norm.

Though not part of the DSM conceptualization of what abnormal behavior is, many clinicians add **dangerousness** to this list when behavior represents a threat to the safety of the person or others. It is important to note that having a mental disorder does not imply a person is automatically dangerous. The depressed or anxious individual is often no more a threat than someone who is not depressed, and as Hiday and Burns (2010) showed, dangerousness is more the exception than the rule. Still, mental health professionals have a duty to report to law enforcement when a mentally disordered individual expresses intent to harm another person or themselves. It is important to point out that people seen as dangerous are also not automatically mentally ill.

Classification

Classification is not a foreign concept and as a student you have likely taken at least one biology class that discussed the taxonomic classification system of Kingdom, Phylum, Class, Order, Family, Genus, and Species revolutionized by Swedish botanist, Carl Linnaeus. You probably even learned a witty mnemonic such as ‘King Phillip, Come Out For Goodness Sake’ to keep the order straight. The Library of Congress uses classification to organize and arrange their book collections and includes such categories as B – Philosophy, Psychology, and Religion; H – Social Sciences; N – Fine Arts; Q – Science; R – Medicine; and T – Technology.

Simply, **classification** is how we organize or categorize things. The second author’s wife has been known to color-code her Blu Ray collection by genre, movie title, and release date. It is useful for us to do the same with abnormal behavior, and classification provides us with a **nomenclature**, or naming system, to structure our understanding of mental disorders in a meaningful way. Of course, we want to learn as much as we can about a given disorder so we can understand its cause, predict its future occurrence, and develop ways to treat it.

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The Costs of Mental Illness

This leads us to wonder what the cost of mental illness is to society. The National Alliance on Mental Illness (NAMI) states that mental illness affects a person’s life which then ripples out to the family, community, and world. For instance, people with serious mental illness are at increased risk for diabetes, cancer, and cardiometabolic disease while 18% of those with a mental illness also have a substance use disorder. Within the family, an estimated 8.4 million Americans provide care to an adult with an emotional or mental illness with caregivers spending about 32 hours a week providing unpaid care. At the community level 21% of the homeless also have a serious mental illness while 70% of youth in the juvenile justice system have at least one mental health condition. And finally, depression is a leading cause of disability worldwide and depression and anxiety disorders cost the global economy \$1 trillion each year in lost productivity (Source: NAMI, The Ripple Effect of Mental Illness infographic; <https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>).

In terms of worldwide impact, data from 2010 estimates \$2.5 trillion in global costs, with \$1.7 trillion being indirect costs (i.e., invisible costs “associated with income losses due to mortality, disability, and care seeking, including lost production due to work absence or early retirement”) and the remainder being direct (i.e., visible costs to include “medication, physician visits, psychotherapy

sessions, hospitalization,” etc.). It is now projected that mental illness costs will be around \$16 trillion by 2030. The authors add, “It should be noted that these calculations did not include costs associated with mental disorders from outside the healthcare system, such as legal costs caused by illicit drug abuse” (Trautmann, Rehm, & Wittchen, 2016). The costs for mental illness have also been found to be greater than the combined costs of somatic diseases such as cancer, diabetes, and respiratory disorders (Whiteford et al., 2013).

Christensen et al. (2020) did a review of 143 cost-of-illness studies that covered 48 countries and several types of mental illness. Their results showed that mental disorders are a substantial economic burden for societies and that certain groups of mental disorders are more costly than others. At the higher cost end were developmental disorders to include autism spectrum disorders followed by schizophrenia and intellectual disabilities. They write, “However, it is important to note that while disorders such as mood, neurotic and substance use disorders were less costly according to societal cost per patient, these disorders are much more prevalent and thus would contribute substantially to the total national cost in a country.” And much like Trautmann, Rehm, & Wittchen (2016) other studies show that indirect costs are higher than direct costs.

When to Get Help and Why

Anyone who feels that their behavior is damaging to themselves, or others, should seek help from a mental health professional. The sooner a mental health issue is diagnosed and treated

, the sooner the patient will begin to feel better, and start to live a more productive life.

Also, getting help right away, while symptoms are still new, helps the patient avoid health issues , potentially hurting others, and other problems that result from untreated mental illness.

The First Steps

Admit you have a problem and that you need help. Then find a professional, or ask someone to help you find one. You can look on the Internet, you can call your family doctor, or you can

check a local phone book. You can also ask friends and family to refer you to someone.

There are several very successful 12-step programs that have helped millions recover from alcoholism, drug addiction, gambling problems, eating disorders -- and even support groups for those with a variety of disorders. These should be used in conjunction with therapy and medication, if needed.

Psychologist v. Psychiatrist

Psychologists use a variety of therapies to help treat mental illnesses, with great success.

They do not prescribe medications, and so may not be a good choice for disorders that require prescription drugs, such as schizophrenia, bipolar disorder, or clinical depression . In general, psychologists treat non-medication disorders, and psychiatrists treat disorders that require medication and a medical doctor. Sometimes these two professionals work together to treat a patient, using medications to alleviate symptoms, while the psychologist works with the patient at resolving any underlying issues.



Treatment with Medication Only

Some disorders are treated with medication, but this is not recommended, as even schizophrenia

has psychological implications that would benefit from talk therapy, or behavioral therapies.

Nearly all disorders can benefit from seeking the assistance of a qualified psychologist to help them work through various issues that either caused their illness, or came about as a result of their illness



What Medications to Avoid

Paxil is a severely difficult prescription drug to stop taking. Thousands of people have experienced neurological problems, including brain shocks, debilitating illness, and mental discomfort, when trying to withdraw from this medication. Entire websites and lawsuits have been devoted to problems with this drug. Do not try to wean off of it by yourself, without help, and do not allow a doctor to prescribe it to you for mental illness. Ask for something else, and if the doctor insists, find another doctor.

Self-Help Groups

Groups such as AA, NA, GA, OA, Alanon and Alateen have helped millions recover from alcoholism, drug addiction, eating disorders, and gambling problems, and have helped family members of those addicted to find support in living with an addicted person. They cost nothing to attend, and, as the names imply, they are anonymous, so people will not say they saw you at a meeting, and you do not have to give out your name or any personal information. Meetings can be found all over the country, and all over the world; dates, times, and addresses of meetings can be found online.

Vitamins, Diet, and Exercise

A combination of vitamins, diet, and daily exercise has shown great success in alleviating the symptoms of mental illness; it also helps prevent mental illness, and in some cases, even cures it. Daily exercise is proven to elevate mood, enhance self-esteem and self image, and increase energy. Certain vitamins are also used for mental illness, the most recent being Omega-3 fatty acids, which some studies say help to alleviate depression. Certain diets, which encourage healthful eating, can help the body and mind function better, and help adjust hormonal problems. You should see a nutritionist about finding a diet that would work well with your particular situation. While not a cure-all, or a replacement for medication and therapy when required, these three things can go a long way in helping one maintain a healthy body and mind.

Alternative treatments for mental illness are also gaining in popularity, and can enhance a program of recovery, as outlined by a professional. Some people swear by the following therapies for alleviating,

or completely removing, their symptoms, and restoring them to good health. Again, these are meant

to be used in conjunction with the care of a psychologist or psychiatrist.

Alternative and experimental treatments include:



Acupuncture

An ancient Chinese medical practice that incorporates the use of very fine needles to balance a person's nervous system.

Yoga

Another ancient practice which has a spiritual basis. Yoga involves exercising the body and mind. It helps strengthen and balance the body, and relaxes the mind considerably.



Meditation

The use of quiet, calm following of the breath, and slowing thoughts down, so that the mind becomes clearer and calmer. Meditation has helped millions of people alleviate mental disorders, even those considered "incurable." Anyone can meditate, even those who are physically unable to exercise or do yoga.



Conclusion

The future holds great hope for those who suffer from mental illness, particularly those who suffer from previously labeled "incurable" types. The most important road to treatment of any disorder, however, is a will and desire to recover, and an ability to admit there is a problem to be treated. Then, and only then, can treatment begin, and start to turn the suffering of the mentally ill into a joy of living a full and meaningful life. It is important to remember that there is hope -- mental illness is treatable.

References

Achalia, R., Chaturvedi, S., Desai, G., Rao, G., & Prakash, O. (2014). Prevalence and risk factors associated with tardive dyskinesia among Indian patients with schizophrenia. *Asian Journal of Psychiatry*, 9, 31-35.

Advokat, C., Comaty, J., Julien, R. (2014). *Julien's primer of drug reaction*. New York: Worth Publishers.

Ahern, G., Herring, A., Labiner, D., Weinand, M., & Hutzler, R. (2000). Affective self-report during the intracarotid sodium amobarbital test: Group differences. *Journal of the International Neuropsychological Society*, 6(6), 659-667.

Ahmed, I., Cook, T., Genen, L., & Schwartz, R. (2014). Body dysmorphic disorder. Retrieved from <http://emedicine.medscape.com/article/291182overview0aw2aab6b2b3>.

Allen, A. J., Leonard, H. L., & Swedo, S. E. (1995). Case study: a new infection-triggered, autoimmune subtype of pediatric OCD and Tourette's syndrome. *Journal of the American Academy of Child & Adolescent Psychiatry*, 34(3), 307-311.

<http://www.differencebetween.net/science/difference-between-normality-and-abnormality-psychology/>

https://uk.sagepub.com/sites/default/files/upm-binaries/61003_ramsden_ch1.pdf

<https://www.futurelearn.com/info/courses/defining-mental-health/0/steps/53691>

<https://www.slideshare.net/RajeshVerma239/concept-of-normality-english>

https://link.springer.com/referenceworkentry/10.1007/978-3-030-26248-8_4-3

<https://www.psychologydiscussion.net/abnormal-psychology/concepts-of-abnormality-notes-on-the-concepts-of-abnormality/481>