Definitions of Abnormality and Major Psychological Models

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1. Introduction

Abnormality refers to the divergence from a norm or an existing standard. Several definitions of abnormality exist, and none of them is exclusively relevant, as the best way to describe abnormality is to consider varying ideas. There are at least four definitions that researchers have come up with to describe abnormality, and each description has its strengths and limits.

2. Part 1

2.1 Statistical Infrequency

Statistical infrequency rides on the idea that some behavior is statistically uncommon. Therefore, if a few individuals exhibit a particular kind of behavior, it is considered abnormal. When one measures various facets of human behavior, such as intelligence, height and the like, it usually happens that individuals with varying gradations of behavior are spread around the mean. For example, when gauging intelligence, the immense majority of persons are placed around the mean, and as you move further from the mean, you will realize that there are few and fewer people. Nevertheless, there are ordinarily equivalent amounts of individuals with extreme behavior, meaning that the number of people with very low intelligence quotient would be equal to the number of persons with very high intelligence. Similarly, the number of people whose IQ is below the mean would be equal to those with IQ above the mean. Depending on where the cut-off point is placed, the IQs of some individuals below or above the mean will be considered abnormal (McLeod 2014).

Statistical infrequency has some limitations. First, it mainly depends on arbitrary cut-off points, which vary from population to population, and it is hard to justify that those left out of the cut-off point are abnormal. Second, statistical infrequency does not take into consideration that some “abnormal” behaviors are beneficial. For instance, someone with an extraordinary IQ would be judged as a genius and very privileged instead of abnormal. The definition does not differentiate the desirable and undesirable behaviors. For example, the fact that obesity is considered normal does not mean that it is desirable. Likewise, despite the fact that a High IQ is considered abnormal does not mean that it is undesirable. Despite the many limitations, statistical infrequency has one advantage. The definition allows us to address what is meant to be normal in statistical contexts. It makes it possible for us to come up with cut-off points by diagnosis (McLeod 2014).

2.2. Deviation from Social Norms

According to this definition, behavior that is not in line with the accepted values in society is abnormal. Every person in society is expected to conduct him or herself in a socially accepted manner, and hence, she/he must not deviate from the convention. Deviation from social norms may be considered aomewhat more accurately compared to the statistical infrequency because most individuals considered abnormal frequently behave in a socially deviant manner. For instance, individuals affected by anti-social personality disorder are normally very assertive towards others as they do not feel guilty because they lack a conscience (McLeod 2014).

Deviation from social norms also has some limitations. First, the social rules that people need to comply with are relative to culture and also disappear with time. Therefore, behavior that was considered to be abnormal 30 years ago may be the norm today, for instance, having sex before marriage. Moreover, morality can change with time and culture. What is morally acceptable in one culture may be unacceptable in another culture. Violating societal rules, however, is not always abnormal. Freedom fighters who fought against the colonial government were not abnormal; they were only fighting for racial equality, among other rights. Hence, it is vital to always take the reason for the violation into consideration (McLeod 2014).

2.3. Failure to function adequately

Under this definition, one is said to be abnormal if s/he is incapable of dealing with the demands of daily life. The person is incapable of performing behaviors essential for everyday life like self-care, socializing with others, and maintaining a job and so on. Some of the behaviors that indicate a failure to function adequately are irrationality, violation of moral standards, and loss of control. The main limitation of this definition is that it fails to take into account the fact that some abnormal behavior may be favorable for some individuals. For instance, an individual with the obsessive-compulsive disorder of washing hands can discover that washing his hands makes him happy and his day enjoyable. Again, some individuals participate in maladaptive or dangerous behavior like adrenaline sports, and they are not taken as abnormal (McLeod 2014).

2.4. Departure from the Ideal Mental Health

This definition describes what is normal, and all that diverges from it is said to be abnormal. The definition, therefore, requires that we decide on the behaviors that we see as essential to mental health. Some of the behaviors or characteristics are viewing oneself positively, autonomy and independence, and correct perception of reality, among others. According to deviation from the ideal mental health, the more a person satisfies the ideal behaviors, the healthier the person is (McLeod 2014).

Practically, it is not possible for any person to attain all of the essential characteristics at the same time. For instance, an individual may be oblivious to his or her environment, but s/he is still happy with the situation. The fact that he is not a master of his environment does not mean that he is suffering from mental disorders (McLeod 2014).

In sum, there are four definitions of abnormality. Each definition has its strengths and limitations, and none is substantially better than the other. It is also important to note that it would be very hard to come up with a precise and relevant definition of abnormality, particularly regarding psychology.

3. Part 2

3.1. Assumptions Made by Biological Models of Abnormality

There are at least three assumptions under the biological models of abnormality (McLeod 2015).

3.1.1. A psychological disorder is a sickness affecting the nervous system

Taking abnormal behavior as a physical illness eliminates physiological fault and accountability for the behavior of the affected person. It is not the individual's fault to behave the way s/he does, and s/he cannot control the way s/he behaves.

3.1.2. Abnormal thoughts, behavior, and emotions are brought about by biological dysfunctions

An example of a biological dysfunction is the change in the levels of neurotransmitters, which leads to an increase in the number of particular hormones in the blood. Another example is the dysfunction of specific neurons in the brain, which can lead to abnormal thoughts, behavior as well as emotions (McLeod 2015).

3.1.3. To understand mental sickness well, you need to understand what has negatively affected the brain

You can understand mental disorders and treat them by knowing how the brain works normally and the way abnormal functionality in the brain will lead to abnormal behavior. Treatment encompasses the use of drugs that help the brain to recover normal biological functioning. Surgeries are also applicable in this case to correct or get rid of dysfunctional parts of the brain (McLeod 2015).

3.2. Assumptions of Psychological Models of Abnormality

3.2.1. The Main assumption of Psychodynamic approach to Abnormality

Freud (1925) held that behavior is provoked by innate or psychological forces, and abnormality happens as a result of the imbalance in the innate forces that inspire behavior. The psychologist believed that mental illness is the result of unsettled conflicts that normally occur at a young age, such as the Oedipus complex (McLeod 2017).

3.2.2. Assumptions of the Behavioural Approach to Abnormality

The main assumption of this theory is that all normal or abnormal behaviors are learned from their surroundings. Therefore, if the behavior is linked to positive results, it is likely to occur again. However, if the behavior attracts a negative outcome, it is not likely to reappear. There are three types of learning under the behavioral approach. The first one is classical conditioning where a person learns through association. The second type of learning is operant conditioning where an individual learns through reward and punishment. The third type of learning is social learning theory where learning is mainly through observation (McLeod 2015).

3.2.3. Assumptions of the Cognitive Approach to Abnormality

The main assumption of this approach is that the cause of the abnormality is flawed thought processes. The flawed thought processes can be thinking negatively about oneself and vague or false perceptions of the world. Therefore, the abnormality in behaviour is the outcome of faulty thinking processes, and we interact with our surroundings via their mental representation. Hence, if the mental representation is flawed or the way of reasoning is insufficient, it may result in abnormal behavior and emotions (Sammons 2013).

4. Eating Disorders, Biological And Psychological Approaches To Abnormality

In this part, Anorexia Nervosa will be used to explain the roles that the two models play in eating disorders. The reason for using the example is due to the inadequacy of the studies on other eating disorders.

4.1. Biological Model of Abnormality and Anorexia Nervosa

Anorexia nervosa affects many people around the world. For a long, researchers have associated the disorder with females trying to conform to culturally ideal body appearances that emphasize thinness. It has, however, become increasingly difficult to treat the condition using psychological approaches, and this shows that other factors contribute to the disorder. Various studies show that there is a substantial biological aspect that leads to the development of this disorder. For instance, genetics seems to play a considerable part in predisposing an individual to Anorexia Nervosa. Anomalous levels of neurotransmission have been found in individuals with anorexia. Moreover, the level and the working of hormones play a role in the development of the eating disorder. Another interesting aspect is the connection between temperament and anorexia nervosa. Temperament is genetically controlled; hence, it shows that there is a link between anorexia and genetics. Whereas some traits may be the outcome of family and cultural experience, researchers say that there must be a connection between eating disorders like anorexia and genetics (Eating Disorders, 2013).

According to (Burretini 2004), the twin study shows that at least 58% of the cause of Anorexia Nervosa can be attributed to genetic factors. Despite the fact that the confidence intervals of this study are broad, consistent research across different studies supports the heritability of the traits to lead to Anorexia Nervosa. The remaining percentage of the cause may be due to distinct environmental factors or factors that are not common to both siblings.

Blood test study for eating disorders also shows that there is a connection between disorders and the biological makeup of a person (University of Maryland Medical Centre, 2015).

4.1.1. Evaluation of the Studies on the Biological Causes of Eating Disorders

First, given that eating disorders are not entirely genetic, one can conclude that genes alone will not cause Anorexia Nervosa and other eating disorders. Instead, the genes expose a person to the risk of suffering from the disorder. Second, most of the genetic studies have used clinical samples, which may not be true representatives of the general population. Third, it is not easy to determine if biochemical imbalances are the cause or the outcome of having an eating disorder. For example, low serotonin levels in a person suffering from anorexia may be due to inadequate food or the outcome of binge-purging in people suffering from bulimic Nervosa (Eating Disorders 2013).

The main strength of the twin study is that it involves the use of quantitative data, and it has a direct comparison of evidence that can be relied on. The main weakness of the study is that it is not able to separate the role of genes from that of the environment in the disorders. The study uses biological or genetic methodology (Burrettini 2004).

The biological test study uses the biological methodology or the analysis of serotonin. The study uses

reliable evidence that can be verified. The main weakness of the study is that it offers indirect evidence (University of Maryland Medical Centre 2015).

4.2. Psychodynamic Approach and Anorexia Nervosa

The psychodynamic approach links the conflicts from infancy to Anorexia and other eating habits. The reason for this is the fact that the disorders are common in adolescent females. Anorexia nervosa may be the outcome of growing sexual desires, and avoiding food is a means of suppressing such desires. The females may also be avoiding pregnancy as anorexia nervosa will inhibit menstruation. According to family systems theory, families of individuals affected by anorexia nervosa are usually overprotective, and individuals have no clear identity as they do things together. Conflicts are also common in such families. Research also shows that eating disorders such as anorexia may be due to personal struggle for identity as well as autonomy (Eating Disorders 2013).

4.2.1. Evaluation of the Studies on the Psychodynamic Causes of Eating Disorders

First, family conflicts may be the outcome of a member of the family suffering from the disorder, and, therefore, the conflicts are not the cause of the eating disorder but the effect of the disorder. Second, there are many families with conflicts, and none of their members has suffered from eating disorders. Third, this approach mainly explains the eating disorders in adolescent girls and not boys and adults. Anorexia nervosa and other eating disorders are not exclusive to adolescent girls. Fourth, the psychodynamic approach mainly depends on interviews and case studies, and therefore, it is subject to the biases of researchers. Lastly, psychodynamic explanations cannot be empirically tested; hence, it is not possible to verify the approach (Eating Disorders, 2013).

4.3. Cognitive Approach and Anorexia Nervosa

Individuals with eating disorders such as Anorexia Nervosa normally exhibit inaccurate views of the way their bodies should look. They emphasize their weight and the role it plays in their well-being. Such people normally overestimate the size of their bodies. They also like maintaining a thin body, and this affects their health. People suffering from Bulimia Nervosa view their body size as being larger than the way it should be, and they erroneously believe that eating small amounts of food has a visible impact on the size of their body. People with eating disorders are normally obsessed with thoughts about foodstuff and weight loss or gain. Research also shows that perfectionism plays a significant role in Anorexia Nervosa, Bulimia Nervosa and other eating disorders. People with high perfectionism will try as much as possible to obtain unrealistic body shapes (Eating Disorders, 2013).

4.3.1. Evaluation of Cognitive Explanations of Eating Disorders

The evidence offered by the studies on cognitive causes of eating disorders is scientific because it can be empirically tested. For instance, studies on the distortion of body sizes can be tested through experiments. The cognitive explanations are, therefore, scientifically valid. Second, cognitive dysfunctions only focus on the explanation of eating disorders, but they do not expound on the causes of information breakdown. Furthermore, cognitive dysfunction may be the outcome of eating disorders rather than the cause (Eating Disorders, 2013).

4.4. Behavioural Approach and Anorexia Nervosa

Research has shown that behavioral factors can lead to eating disorders like Anorexia Nervosa. According to (Fortes 2013), the frequency of predisposing behaviors for the disorders has increased among youthful individuals. Excessive exercise and body dissatisfaction are among the predisposing behaviors that can lead to Anorexia Nervosa, among other eating disorders. Other risk behaviors include self-induced vomiting, restrained eating, and using drugs to induce weight loss. The behaviors are diagnostic criteria for Anorexia Nervosa, among other eating disorders (Fortes 2013).

The Fiji TV study reveals that eating disorders can also be due to behavior. For instance, before the Fiji girls had access to television, they did not have eating disorders. However, after learning about the Western lifestyle through the TV, there were at least 10% of cases of eating disorders (The Harvard Gazette 2009).

4.4.1. Evaluation of Studies on Behavioural Explanations of Eating Disorders

The risk behaviors do not necessarily cause Anorexia Nervosa or other eating disorders. Instead, it predisposes a person to the risk of getting the disorders. Fiji TV study uses social learning which is under behavioural approach to abnormality approach, and it is a prospective study. The main shortcoming of the research is that it is gender biased. That is, it only focuses on ladies and not men.

References

Burrettini, W., 2004. The genetics of eating disorders. [Online] Available at:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3010958/>.< Accessed March 8, 2018>

Eating Disorders. [Online] Available at:

< cw.routledge.com/textbooks/…/Chapter…/Revision_Guide_-_Eating_Disorders.docx>. [Accessed

February 27, 2018]

Fortes, L.S., 2013. Risk Behaviors for Eating Disorders: factors associated in adolescent students. *Trends in Psychiatry and Psychotherapy*, 35(4), p. 1

The Harvard Gazette. 2009. Fijian Girls succumb to Western Dysmorphia. [Online] Available at:

<https://news.harvard.edu/gazette/story/2009/03/fijian-girls-succumb-to-western-dysmorphia/>.< Accessed March 8, 2018>

McLeod, S., 2014. Abnormal Psychology. [Online]. Available at:

< https://www.simplypsychology.org/abnormal-psychology.html>. [Accessed February 27, 2018]

McLeod, S., 2015. Biological Psychology. [Online] Available at:

< https://www.simplypsychology.org/biological-psychology.html>. [Accessed February 27, 2018]

Mcleod, S., 2017. Psychodynamic Approach. [Online] Available at:

<https://www.simplypsychology.org/psychodynamic.html>. [Accessed February 27, 2018]

Mcleod, S., 2017. Behaviorist Approach. [Online] Available at:

< https://www.simplypsychology.org/behaviorism.html>. >. [Accessed February 27, 2018]

Sammons, A., 2013. The Cognitive Approach: The basics. [Online] Available at:

University of Maryland Medical Center. 2015. Eating disorders. [Online] Available at:

<https://www.umm.edu/health/medical/reports/articles/eating-disorders>. <Accessed March 8, 2018>