

## NORMALITY AND ABNORMALITY

### Challenges in Defining “Normal”

A psychological disorder is a condition characterized by abnormal thoughts, feelings, and behaviors. However, defining what is “normal” and “abnormal” is a subject of much debate. Definitions of normality vary widely by person, time, place, culture, and situation. “Normal” is, after all, a subjective perception, and also an amorphous one—it is often easier to describe what is not normal than what is normal.

In simple terms, however, society at large often perceives or labels “normal” as “good,” and “abnormal” as “bad.” Being labeled as “normal” or “abnormal” can therefore have profound ramifications for an individual, such as exclusion or stigmatization by society.

Although it is difficult to define “normal,” it is still important to establish guidelines in order to be able to identify and help people who are suffering. To this end, the fields of psychology and psychiatry have developed the Diagnostic and Statistical Manual of Mental Disorders (known as the DSM-5), a standardized hierarchy of diagnostic criteria to help discriminate among normal and abnormal (i.e. “pathological”) behaviors and symptoms. The 5th edition of the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* (the DSM-5) lays out explicit and specific guidelines for identifying and categorizing symptoms and diagnoses.

### Clinical Definitions of Abnormal: The DSM

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The DSM is a central element of the debate around defining normality, and it continues to change and evolve. Currently, in the DSM-5 (the fifth edition), abnormal behavior is generally defined as behavior that violates a norm in society, is maladaptive, is rare given the context of the culture and environment, and is causing the person distress in their daily life. Specifically, the goal of the DSM-5 is to identify abnormal behavior that is indicative of some kind of psychological disorder. The DSM identifies the specific criteria used when diagnosing patients; it represents the industry standard for psychologists and psychiatrists, who often work together to diagnose and treat psychological disorders.

As the DSM has evolved over time, there have been a number of conflicts surrounding the categorization of abnormal versus normal mental functioning. Much of this difficulty comes from distinguishing between an expected *stress reaction* (a reaction to stressful life events that could be considered “normal”) and *individual dysfunction* (symptoms or stress reactions that are beyond what a “normal” or expected reaction might be). As a result, the DSM explicitly distinguishes mental disorders and non-disordered conditions. A non-disordered condition results from, or is perpetuated by, social stressors. To this end, the DSM requires that to meet the diagnostic criteria for a mental disorder, an individual’s symptoms “must not be merely an expectable and culturally sanctioned response to a particular event; for example, the death of a loved one. Whatever [the pattern of symptoms’] original cause, it must currently be considered a manifestation of a behavioral, psychological, or biological dysfunction in the individual.”

That said, if an individual's response to a particular situation is causing significant impairment in more than one area of the individual's life (such as work, home, school environment, or relationships), it may be considered abnormal or an indicator of a psychological disorder regardless of its etiology.

## Stigma

It is important to analyze the societal consequences of diagnosis because so many people experience mental illness at some point in their lives. According to the World Health Organization (WHO), more than a third of people globally meet the criteria for at least one diagnosable mental disorder at some point in their lives. Unfortunately, stigma and discrimination can add to their suffering and disability. This has led various social movements to work to increase societal awareness and understanding of mental illness and challenge social exclusion.

A stigma is the societal disapproval and judgment of a person or group of people because they do not fit their community's social norms. In the context of mental illness, social stigma is characterized as prejudiced attitudes and discriminatory behavior directed toward individuals with mental illness as a result of the label they have been given. In the United States, people are often pressured to be "normal"—or at least perceived as such—in order to gain acceptance by society. Society tends to be uncomfortable with "abnormality"—so if someone does not conform to what is perceived as normal, they might be given a number of negative labels, such as "sick", "crazy", or "psycho." These labels lead to discrimination, marginalization, and isolation of—even violence against—the individual.

## Self-Stigma

In a related issue, self-stigmatization is when someone internalizes society's negative perceptions of them or of people they think are like them: they begin to believe, or fear that others will believe, that the negative labels and perceptions are true.

## Effects of Stigma and Self-Stigma

This internalization contributes to feelings of shame and usually leads to poorer treatment outcomes. Experience of stigma or self-stigma can also lead to the following:

- *Refusal to receive treatment.* An individual's fear of stigmatization and alienation may lead them to refuse treatment altogether. Anxiety about others' perceptions and the social consequences that come along with a label of mental illness often deter people from seeking help in any therapeutic, familial, social, or pharmacological context.
- *Social isolation.* An individual with mental illness may avoid social settings altogether; for example, an individual struggling with depression may choose not to see or speak with friends and family for fear of "bringing them down" or "being a burden." This is especially dangerous in light of the knowledge that social connectedness is one of the key factors in recovery from mental illness.
- *Distorted perception of the incidence of mental illness.* Although approximately one in three people will experience mental illness at some point in their life, there are still many people who do not acknowledge mental illness as a public health concern. By causing people to not seek out treatment, society's stigma of mental illness leads to fewer diagnoses and fewer people getting help. This means that mental illness seems far less common than it actually is.

## What Is the DSM?

Although a number of classification systems have been developed over time for the diagnosis of mental disorders, the one that is used by most mental health professionals in the United States is the Diagnostic and Statistical Manual of Mental Disorders (DSM), published most recently in its 5th edition (known as the “DSM-5”) by the American Psychiatric Association in 2013.

The DSM is the standard classification manual of mental disorders and contains a hierarchy of diagnostic criteria for every mental-health disorder recognized by the American Psychiatric Association. The DSM is used by psychiatrists and psychologists, doctors and nurses, and therapists and counselors. It is used for individual clinical diagnoses, but its codes and criteria are also used in the collection of data about the incidence of different disorders.

The DSM is often considered a “necessary evil”—it has many flaws, but it is also the only widely accepted method of diagnosing mental disorders.

## DSM-5 (2013)

Perhaps the most controversial version yet, the DSM-5 contains extensively revised diagnoses; it broadens diagnostic definitions in some cases while narrowing definitions in other cases. Notable changes include the change from autism and Asperger syndrome to a combined autism spectrum disorder; dropping the subtype classifications for variant forms of schizophrenia; dropping the “bereavement exclusion” for depressive disorders; a revised treatment and naming of gender - identity disorder to gender dysphoria; and changes to the criterion for post-traumatic stress disorder (PTSD). The DSM-5 has discarded the multi-axial system of diagnosis of the DSM-IV, listing all disorders on a single axis. It has replaced Axis IV with significant psychosocial and contextual features and dropped Axis V (the GAF) entirely. Although DSM-5 is longer than DSM-IV, the volume includes only 237 disorders, a decrease from the 297 disorders that were listed in DSM-IV.

## Strengths of the DSM

### *Evidence-Based Treatment*

One of the strengths of the DSM is its use in researching and developing evidence-based treatments. Researchers use the DSM diagnoses to conduct studies and trials on patients, and this research determines which treatment approaches provide the most effective results. As studies get published, mental-health service providers learn how to incorporate the most evidence-based treatments into their practice.

### *Consistency and Insurance Coverage*

The DSM also provides a common language for physicians, social workers, nurses, psychologists, marriage and family therapists, and psychiatrists to communicate about mental illness. In addition to providing a common language among practitioners, hospitals, clinics, and insurance companies in the US also generally require a DSM diagnosis for all patients treated. Providers must often use the DSM in order to get coverage for their clients from insurance companies, which require certain DSM diagnoses for treatment.

## Weaknesses of the DSM

### *Reliability and Validity Concerns*

The revisions of the DSM from the 3rd edition forward have been mainly concerned with diagnostic reliability—the degree to which different diagnosticians agree on a diagnosis. Many diagnoses are so similar that there is a high rate of comorbidity between disorders.

### *Diagnoses Based on Superficial Symptoms*

The DSM is primarily concerned with the signs and symptoms of mental disorders, rather than their underlying causes. It claims to collect them together based on statistical or clinical patterns. Furthermore, diagnostic labels can be stigmatizing for patients by creating stereotypes about certain diagnoses.

### *Cultural Bias*

Current diagnostic guidelines have been criticized as having a fundamentally Euro-American outlook. Common criticisms include both disappointment over the large number of documented non-Western mental disorders still left out and frustration that even those included are often misinterpreted or misrepresented.

### *Medicalization and Financial Conflicts of Interest*

It has been alleged that the way the categories of the DSM are structured and the substantial expansion of the number of categories are representative of an increasing medicalization of human nature. This has been attributed by many to the expanding power and influence of pharmaceutical companies over the last several decades. Of the authors who selected and defined the DSM-IV psychiatric disorders, roughly half have had financial relationships with the pharmaceutical industry at one time, raising the prospect of a direct conflict of interest.

## **Stigma**

Because the DSM is a system of labeling, it is often criticized for contributing to the creation of social stigma against those with mental illnesses. In the context of mental illness, social stigma is characterized as prejudiced attitudes and discriminating behavior directed toward individuals with mental illness as a result of the label they have been given. Stigma and discrimination can add to the suffering and disability of those who are diagnosed with a mental disorder.

### **CRITERIA OF NORMALITY**

Jahoda (1958) attempted to establish what is abnormal by identifying the characteristics of people who are normal. She identified six characteristics of mental health:

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#### **Efficient self-perception.**

Awareness of characteristics that constitute one's knowledge.

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### Realistic self-esteem and acceptance.

When expectations are realistic, it is easy for us to experience success and feel personally valuable.

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### Voluntary control of behavior.

The management of acts or behaviors by intentional action

## CRITERIA OF NORMALITY

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### True perception of the world.

Positive and negative thoughts can become self-fulfilling prophecies.

If you're positive the world can't bring you down than

you are living a normal

life and if you can't think positive then you can't live a normal life.

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### Sustaining relationships and giving affection.

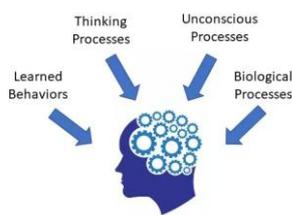
A great deal of evidence suggests that the ability to form a stable relationship begins in infancy, in a child's earliest experiences with a [caregiver](#) who reliably meets the infant's needs for food, care, protection, stimulation, and social contact. Those relationships are not destiny, but they appear to establish patterns of relating to others.

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### Self-direction and productivity.

Self-direction can be positive and negative. A person responsible for his/her business is self directed.

## Explanations of Abnormality



### Behavioral Perspective of Mental Health Behaviour

[Behaviorists](#) believe that our actions are determined largely by the experiences we have in life, rather than by underlying pathology of unconscious forces. Abnormality is therefore seen as the development of behavior patterns that are considered maladaptive (i.e. harmful) for the individual.

Behaviorism states that all behavior (including abnormal) is learned from the environment (nurture), and that all behavior that has been learnt can also be 'unlearnt' (which is how abnormal behavior is [treated](#)).

The emphasis of the behavioral approach is on the environment and how abnormal behavior is acquired, through [classical conditioning](#), [operant conditioning](#) and [social learning](#).

Classical conditioning has been said to account for the development of [phobias](#). The feared object (e.g. spider or rat) is associated with a fear or anxiety sometime in the past. The conditioned stimulus subsequently evokes a powerful fear response characterized by avoidance of the feared object and the emotion of fear whenever the object is encountered.

Learning environments can reinforce (re: operant conditioning) problematic behaviors. E.g. an individual may be rewarded for being having panic attacks by receiving attention from family and friends – this would lead to the behavior being reinforced and increasing in later life.

Our society can also provide deviant maladaptive models that children identify with and imitate (re: social learning theory).

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## Cognitive Perspective of Mental Health

### Behaviour

The [cognitive approach](#) assumes that a person's thoughts are responsible for their behavior. The model deals with how information is processed in the brain and the impact of this on behavior.

The basic assumptions are:

- Maladaptive behavior is caused by faulty and irrational cognitions.
- It is the way you think about a problem, rather than the problem itself that causes mental disorders.
- Individuals can overcome mental disorders by learning to use more appropriate cognitions.
- The individual is an active [processor of information](#). How a person, perceives, anticipates and evaluates events rather than the events themselves, which will have an impact on behavior. This is generally believed to be an automatic process, in other words, we do not really think about it.
- In people with psychological problems, these thought processes tend to be negative and the cognitions (i.e. attributions, cognitive errors) made will be inaccurate:
- These cognitions cause distortions in the way we see things; Ellis suggested it is through [irrational thinking](#), while [Beck](#) proposed the cognitive triad.

### Medical / Biological Perspective of Mental Health Behaviour

The [medical model](#) of psychopathology believes that disorders have an organic or physical cause. The focus of this approach is on genetics, neurotransmitters, neurophysiology, neuroanatomy, biochemistry etc.

For example, in terms of biochemistry – the dopamine hypothesis argues that elevated levels of dopamine are related to symptoms of schizophrenia.

The approach argues that mental disorders are related to the physical structure and functioning of the brain.

For example, differences in brain structure (abnormalities in the frontal and pre-frontal cortex, enlarged ventricles) have been identified in people with schizophrenia.

## Psychodynamic Perspective of Mental Health Behaviour

The main assumptions include Freud's belief that abnormality came from the psychological causes rather than the physical causes, that unresolved conflicts between the [id, ego and superego](#) can all contribute to abnormality, for example:

- Weak ego: Well-adjusted people have a strong ego that is able to cope with the demands of both the id and the superego by allowing each to express itself at appropriate times. If, however, the ego is weakened, then either the id or the superego, whichever is stronger, may dominate the personality.
- Unchecked id impulses: If id impulses are unchecked they may be expressed in self-destructive and immoral behavior. This may lead to disorders such as conduct disorders in childhood and psychopathic [dangerously abnormal] behavior in adulthood.
- Too powerful superego: A superego that is too powerful, and therefore too harsh and inflexible in its moral values, will restrict the id to such an extent that the person will be deprived of even socially acceptable pleasures. According to Freud, this would create neurosis, which could be expressed in the symptoms of anxiety disorders, such as phobias and obsessions.

## An Alternative View: Mental illness is a Social Construction

Since the 1960s it has been argued by anti-psychiatrists that the entire notion of abnormality or mental disorder is merely a social construction used by society. Notable anti-psychiatrists were Michel Foucault, R.D. Laing, Thomas Szasz and Franco Basaglia. Some observations made are;

- Mental illness is a social construct created by doctors. An illness must be an objectively demonstrable biological pathology, but psychiatric disorders are not.
- The criteria for mental illness are vague, subjective and open to misinterpretation criteria.
- The medical profession uses various labels eg. depressed, schizophrenic to exclude those whose behavior fails to conform to society's norms.
- Labels and consequently treatment can be used as a form of social control and represent an abuse of power.
- Diagnosis raises issues of medical and ethical integrity because of financial and professional links with pharmaceutical companies and insurance companies.

## References:

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- Rosenhan, D. L., & Seligman, M. E. P. (1989). *Abnormal Psychology Second Edition*. New York: W.W. Norton.