

UNDERSTANDING ABNORMALITY FROM A HISTORICAL PERSPECTIVE





- A man becomes seriously depressed after his wife's death. He has difficulty sleeping and loses his appetite
- A young man will not travel by aeroplane and insists on driving or taking buses or trains everywhere, despite considerable inconvenience
- An adolescent girl occasionally indulges in binge eating, after which she forces herself to vomit
- A woman will wear only blue clothing, although her manner of dress is appropriate otherwise

Today's lecture



- Defining abnormality
- Classification of mental disorders
- The medical model vs the psychological model

What elements must be present for us to consider someone to be 'abnormal'?



Suffering

- Is suffering a **necessary** condition of abnormality?
- Is suffering a **sufficient** condition of abnormality?

Maladaptiveness

- How functional and adaptive a person's behaviour is
- How well it serves to achieve certain goals

Irrationality and incomprehensibility

- When a person's behaviour appears to have no rational meaning
- Incomprehensibility such as thought disorder – symptom of schizophrenia



Unpredictability and loss of control

- We need a level of predictability in our lives
- When the ordinary guides and inhibitors of behaviour suddenly break down we deem them out of control

Vividness and unconventionality

- The element of vividness depends on how rare the behaviour is
- If the behaviour is undesirable as well as rare it is definitely seen as vivid

Observer discomfort

- When people violate unwritten rules, we experience observer discomfort

Violation of moral and ideal standards

Defining abnormality



- Abnormality as: **Deviation from the average**
 - Not behaving as most people do
 - Being **statistically** abnormal doesn't help to distinguish between *desirable* and *undesirable* atypical behaviour
 - ✦ Implies that people who are highly attractive or supreme athletes are abnormal

Defining abnormality



- Abnormality as: **Deviation from the norm**
 - Particular behaviours are 'expected' from us
 - Being **psychometrically** abnormal?
 - Homosexuality is regarded as abnormal; not because it is statistically less common but because it is not the 'norm'

Defining abnormality



- Abnormality as:

Deviation from ideal mental health

- Identifying characteristics that people should possess to be considered normal

e.g

- ✦ Jahoda (1958): ability to cope with stress, to introspect, autonomy, absence of mental illness.
- ✦ Carl Rogers and Abraham Maslow

- Are most of us abnormal?
- Comparison with optimal wellbeing

Defining abnormality



- Abnormality as: **Mental illness**
 - Vocabulary used to refer to psychological disorders is borrowed from medical terminology
 - Psychopathology, diagnosis, symptoms, etc
 - This reflects an indication of some underlying illness
 - ✦ Is it more humane to regard a psychologically disturbed person as sick than plain bad?
 - ✦ Or does this remove responsibility for their behaviour?

Labelling and Stigma



What words can you think of that are typically used to label those who are mentally ill?

Odd

Mad

‘Schizo’

Eccentric

Nutter

Labelling and Stigma



- The nature of **any** label given has powerful implications
- Rosenhan (1973) – taught students to act as if they were psychotic/hallucinatory
 - Most students were admitted to hospital and diagnosed with schizophrenia
 - Described as exhibiting ‘note-taking behaviour’
 - BUT when students admitted the hoax, many were not allowed to leave as this was taken as a further example of their **labelled** illness
 - Some remained and were labelled ‘schizophrenic in remission’
 - Labelling: *extremely influential even within the mental health ‘system’*

A brief historical overview of abnormality



- Early eastern cultures – abnormality as ‘madness’ or ‘demonic possession’ (Animism)
- Hippocrates (1st Century BC)
 - Imbalance of the four humours
 - ✦ Black bile = melancholic
 - ✦ Yellow bile = choleric
 - ✦ Phlegm – phlegmatic
 - ✦ Blood = sanguine
- Middle ages
 - Demonic possession (again)
 - Treatment through priests, whipping, etc.

Mental hospitals



- Towards the end of the Middle Ages the first 'asylums' were created
e.g. Bedlam in London
Lunatick Asylum in York
- Often cruel and inhumane
- End of the 18th century – many argued that the mentally distressed should be treated humanely
- Yorkshire Society of Friends - humanitarian institution for the insane

'The Retreat' at York established in 1796



Later approaches to abnormality



- Early 20th Century:
 - Medical Model v. Psychological Model
- Late 20th/21st Century:
 - Care in the Community where possible

Modern approaches to abnormality: The Medical Model



- Abnormality as 'an illness' which needs to be physically treated
- Abnormality results from biological disorders of the brain
- Abnormality treated primarily through drugs
- Medical terminology e.g. patient, prognosis etc.

Classification of Abnormal Behaviour



- Kraepelin (1883) – described a number of syndromes with specific symptoms
 - Schizophrenia
 - Reduced complex 19th century psychiatric taxonomies by dividing them into two classes: manic-depressive psychosis and dementia praecox
(DP - begins after puberty – usually in late teens)
 - Formed the basis of International Classification of Diseases **ICD** (World Health Organisation)
 - ✦ Currently in its 10th revision
- Diagnostic and Statistical Manual **DSM-IV-TR (APA, 2000) (now DSM V)**
- Most commonly used system for diagnosing mental health problems

Szasz (1962) The Myth of Mental Illness



No such thing as mental illness – ‘problems in living’ due to stress related to social interaction

Biological, Economic, Political, or Socio-psychological (Szasz, 1960)

Szasz challenged....

- Concept of mental illness as disease of the brain rather than the mind
- Assumption that neurological defects underlie all mental disorders

...because this suggests people cannot have problems that stem from individual differences in personal needs, values, opinions, etc.

Szasz argued two fundamental errors...



1. The body responds to physical injury by manifesting physical symptoms

These are central nervous system symptoms

You wouldn't experience emotional or behavioural symptoms as the major result

A person's belief cannot be explained merely by a defect or disease of the nervous system

Szasz argued two fundamental errors...



2. Complex psycho-social behaviours are mere symptoms taken out of context

When a person is physically ill we speak of signs (e.g. high temperature) and symptoms (e.g. pain)

Mental symptoms – the person's communications about himself, others and the world around him/her

Notions about mental symptoms are inextricably attached to social context - just as physical symptoms are tied to the bodily context



Szasz - term 'mental illness' describes something very different from 'disease of the brain'

The hardship in living is not for biological survival but due to **stress related to social interaction**

In this context the notion of mental illness describes a 'deformity of personality'

This notion that social intercourse is usually harmonious blames the mentally ill for any disturbance in social harmony

This is a mistake - it makes the abstract notion of mental illness into a cause of problems

The term 'mental illness' was only introduced as a description of certain types of behaviour

BREAK



10 MINUTES!

Psychological Approaches to Abnormality



- Abnormality results from psychological causes
- Different psychological/psychotherapeutic models based on different approaches
 - ✦ Different hypotheses about the causes of abnormal behaviour
 - ✦ Difference suggestions about interventions
- Psychodynamic
- Behavioural
- Cognitive

Models of Abnormality: Genetic Models



- Genetic factors now implicated in a number of mental health conditions
 - Mostly associated with recessive genes (both parents have to carry the gene)
- Family or twin studies: whether those with similar genotypes are more likely to be affected
 - MZ twins should be more likely to develop disorder than DZ twins
 - MZ twins often found to have a higher concordance rate than DZ twins
 - ✦ As a consequence of shared environment, most studies look at twins who have been separated at birth.

Models of Abnormality: Genetic Models



Diathesis-stress model - proposes that people are

- born with a diathesis (***genetic predisposition***)

or

- acquire a vulnerability early in life due to **formative events** such as traumas, diseases, birth complications and even family experiences

(Zubin and Spring, 1977)

Johnson et al (2001) – development of psychiatric disorders



Multifactorial polygenic threshold

(Gottesman, 1991; DiLalla, Gottesman and Carey, 2000)

Several genes with varying influence are involved in the transmission of a disorder or characteristic

Vulnerability - ranging from low to high, depending on the combination of genes

Symptoms produced when the accumulation of genetic and environmental factors exceeds a certain threshold value

Models of Abnormality: Genetic Models



- Need to be very careful with twin studies
 - Even if remove **shared environment**, twins have still shared the same prenatal experience
 - MZ twins may tend to be treated similarly even in different homes
- Lack of **absolute determinism**
 - Not everyone with a gene will necessarily develop a disorder
 - Some people without the gene will develop the disorder

Models of Abnormality: Biological Models



- Propose biological explanations of mental health problems based around **brain systems** and **neurotransmitters**
- Disruption to neurotransmitters results in inappropriate mental processes
- Hormones also involved in some disorders such as SAD (melatonin)
- Problems with development of brain may be implicated in schizophrenia

Models of Abnormality: Psychological Models



- Focus on internal mental processes that influence mood and behaviour
- No single explanatory paradigm
 - Freud and Psychoanalysis (1900s)
 - Behaviour Therapy (1950s/60s)
 - Humanistic Therapy (1960s)
 - Cognitive Behavioural Therapy (1970s)
 - And others...

Psychodynamic model



- **Sigmund Freud** - offered an alternative to biological approaches to 'abnormality'
- **Core assumption** - the roots of mental disorders are psychological and lie in past experience and the unconscious mind
- **Treatments** such as psychoanalysis emphasise the need for the patient to gain an insight into the origins of their problems

Psychodynamic model



Example:

A patient presenting with anxiety symptoms would be encouraged to explore their past in order to discover problems that occurred during one of the psychosexual stages. In order to deal with the problem the patient has used ego-defence mechanisms which have taken up a lot of psychic energy, leaving the patient with fewer resources to deal with everyday life

Behavioural model



- Behaviourism has a deterministic view of mental disorders: they believe that our actions are largely determined by our experiences in life.
- Learned abnormal responses and behaviour through conditioning
- Social Learning Theory (Bandura) - maladaptive behaviour can be learned
- Thus can be changed to adaptive behaviour

Behavioural model



Example:

- A fear of heights would be explained through the process of classical conditioning. Some time in the past the individual would have learned to associate the emotion of fear with the stimulus of being in a high place. As a result, they would avoid heights and therefore not have the opportunity to relearn the association in a more adaptive way
- Due to negative reinforcement

Cognitive model



- Assumption: interpretations and disordered cognitions (thoughts and processes) lead to abnormal behaviour
- Distortions are in the form of irrational beliefs, illogical errors or negative thoughts
- Treatment focuses on understanding disordered thoughts and working to change them
- Cognitive therapy
- Cognitive behavioural therapy

Cognitive model



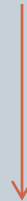
Example

- A patient suffering from a depressed mood after failing a driving test may be having negative thoughts not only about that specific failure but may be generalising those to other areas of her life. She may believe she is a failure in all aspects of her life and will never be successful again. These thoughts are irrational, and the therapist would strive to teach the patient ways of changing her thoughts.

The Biopsychosocial Model

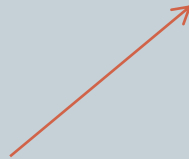


Social/Environmental factors



Abnormal Behaviour

Biological/Neurobiological
factors



Psychological factors



The Biopsychosocial Model



- **Biological/Neurobiological:** abnormality due to imbalance in bodily processes, such as brain chemistry, or due to physical illness
- **Psychological:** abnormality due to e.g.
 - inner conflicts (psychodynamic)
 - maladaptive thoughts (cognitive)
 - response to rewards (behaviourist)
 - inability to accept oneself or to express own feelings (humanistic)
- **Social:** socially/culturally-shared understandings of what abnormality is and how mental illness should be experienced
Responses by people in society to the mentally ill
- Biopsychosocial e.g. genetic predisposition to overly respond to stressors, inability to find a way *to cope* causes a panic attack

Systemic Models

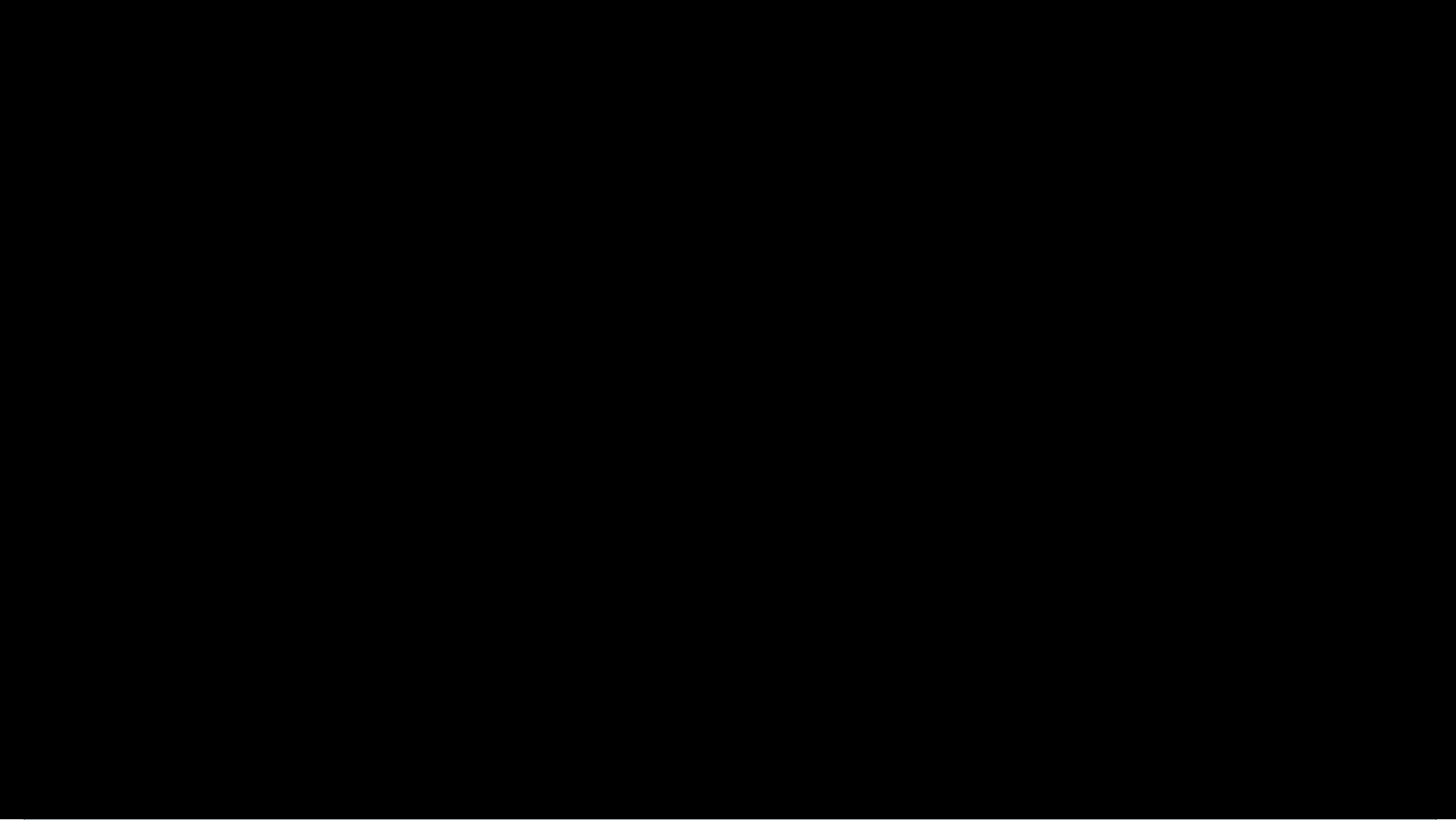


- Family systems theorists see mental health problems as stemming from the faulty family systems
 - Individuals within a family form an interacting system, each of which has a reciprocal influence on each other
- Role of negative expressed emotion implicated in development of schizophrenia
- Development of anorexia in young women often linked to dysfunctional family systems

Abnormal Psychology



SCHIZOPHRENIA



Schizophrenia



- Disorder of the brain
 - Chemical imbalance in the brain
 - Medical illness
 - Not 'split personality' disorder
- Massive stigma attached to schizophrenia
 - but individuals with schizophrenia can live normal lives
- Positive and negative symptoms
- Onset of schizophrenia around late teens
- Person does not recognise there is something wrong – actually a feature of the illness
 - Wont take medication if you don't think you're sick
- No cure for schizophrenia
 - medication has always been the dominant treatment but this should be combined with therapy and support



- Reading:

- Gross, R. (2010). Psychology: the science of mind and behaviour (6th edition). London: Hodder Education.
Chapter 43: Psychological Abnormality