

# Psychology – Individual differences

## Defining and explaining psychological Abnormality (THEME A PART 1)

The term abnormal literally means not normal. In psychology abnormal behaviour is hard to define as there is no single characteristic that applies to all instances of abnormal behaviour.

There are three different definitions of abnormality.

### 1) DEVIATION FROM SOCIAL NORMS

Abnormality is when the individual behaves in a socially unacceptable way.

There are two types of social norms: IMPLICIT AND EXPLICIT RULE.

**IMPLICIT RULE** – rules that are understood but not stated formally. E.g. queuing at the tills, respect of personal space.

**EXPLICIT RULE** – set down as codes of conduct or laws. E.g. dropping litter or violently attacking someone. This kind of behaviour is usually punished.

Violation of these norms is considered abnormal.

### 2) FAILURE TO FUNCTION ADEQUATELY

The individual's behaviour disrupts her/his ability to work and have satisfying relationships with other people. They cannot therefore cope with day to day life.

Rosenhan and Seligman (1989) extended the concept of distress and failure to function

Personal distress	Depression and anxiety disorders.
Observer discomfort	Displaying behaviour that causes discomfort to others.
Maladaptiveness	Behaviour stopping individuals from attaining life goals both socially and occupationally.
Unpredictability	Unexpected behaviours characterised by loss of control.

to include a number of behaviours.

This definition focuses on everyday behaviour. These can be getting dressed or going to college.

When someone deviates from these routine behaviours and cannot perform functions like these, they are **ABNORMAL**.

Examples of abnormal behaviour according to FFA: AGOROPHOBIA – fear of open spaces. Schizophrenia and suffering paranoid delusions.

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### 3) DEVIATION FROM IDEAL MENTAL HEALTH

**Abnormal behaviour is defined in terms of the extent to which it differs from ideal mental health.**

**1958 MARIE JAHODA – PROPOSED ELEMENTS THAT MADE UP A POSITIVE STATE OF 'MENTAL HEALTH'.**

1. Positive self-attitudes – self esteem	Self-respect, thinking well of yourself and no negative attitudes.
2. Self - actualisation	Experiencing personal growth and fulfilling your potential.
3. Resistance to stress	Effective coping strategies
4. Personal autonomy	Independent, self – reliant and can make own decisions.
5. Accurate perception of reality	Perceiving the world in a non-distorted fashion
6. Adapting to and mastering the environment	Competence in all aspects of life and able to meet demands of any situation.

### **EVALUATION OF ALL THREE DEFINITIONS**

#### **DEVIATION FROM SOCIAL NORMS**

- **CONTEXT** – DEVIANCE OF BEHAVIOUR IS RELATED TO CONTEXT OF BEHAVIOUR, NOT ALWAYS A PSYCHOPATHOLOGY. E.G. NUDITY ON A SHOP AND NUDTY IN A SAUNA.
- **TIME** – SOCIAL NORMS CHANGE ACCORDING TO TIME. FOR EXAMPLE HOMOSEXUAL ACTS WERE AN OFFENCE UNTIL 1967. IT HAS NOW BECOME MORE ACCEPTED AND UNDERSTOOD. (ERA DEPENDENT)
- **ECCENTRIC OR ABNORMAL?** – PEOPLE REGULARLY DEVIATE FROM NORMS WITHOUT BEING SUGGESTED AS ABNORMAL. E.G SOMEONE WHO WEARS ALL BLACK AND BLACK MAKE UP MAY BE LABELLED 'ODD' BUT SOMEONE WHO CLAIMS TO TALK TO ANGELS IS SUSPECTED A MENTAL DISORDER. ONLY PARTICULAR 'ABNORMAL' BEHAVIOUR IS REGARDED AS PATHOLOGICAL.
- **ABNORMAL OR CRIMINAL?** – VIOLATING NORMS ARE USUALLY SHOWING CRIMINAL BEHAVIOUR, BUT STEALING FOR EXAMPLE IS RARELY ATTRIBUTED TO AN UNDERLYING MENTAL PROBLEM. WHEREAS MASS MURDER IS ABNORMAL BECAUSE 'NORMAL' PEOPLE DON'T DO THAT.
- **CULTURAL BIAS** – CULTURAL NORMS ARE SET BY DOMINANT SOCIAL GROUP. CHANGE FREQUENTLY. IF APPLIED INDISCRIMINATELY IT CAN LEAD TO UNDER OR OVER DIAGNOSIS. AFRICAN – CARRIBEAN IMMIGRANTS ARE MORE FREQUENTLY DIAGNOSED THAN CAUCASIANS WITH SCHIZOPHRENIA (COCHRANE 1977).

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## FAILURE TO FUNCTION ADEQUATELY

- **NOT THE WHOLE PICTURE** – FFA ONLY DETERMINES EXTENT OF PERSONAL PROBLEMS AND LIKELIHOOD OF NEEDING PROFESSIONAL HELP. FOR EXAMPLE, COMER (2005) PSYCHO ABNORMALITY NOT NECESSARILY INDICATED BY DYSFUNCTION, BEING 'UNPREDICTABLE' AND 'OUT OF CONTROL' COULD JUST BE SOME ONE DRUNK.
- **WHO JUDGES AND DETERMINES ON WHAT IS ADEQUATE FUNCTIONING?** SOME DYSFUNCTIONAL BEHAVIOUR IS ADAPATIVE AND FUNCTIONING FOR INDIVIDUAL. E.G. TRANSVESITITES MAKE LIVING OUT OF CROSS –DRESSING.
- **PSYCHOLOGICAL DISORDERS DON'T ALWAYS PREVENT ADEQUATE FUNCTIONING.**

## DEVIATION FROM IDEAL MENTAL HEALTH

- **CHARACTERITICS LISTED BY JAHODA ARE ROOTED IN WESTERN SOCIETIES** – ETHNOCENTRIC, SOME OTHER SOCIETIES COULD SEE IT AS NORMAL.
- **DIFFICULTY OF SELF ACTUALIZING** – MEETING ALL SIX CRITERIA IS DIFFICULT; SOME DON'T ACHIEVE LIFE GOALS BECAUSE OF PERSONAL FAILINGS IN LIFE OR DIFFICULT ENVIRONMENT. IN THIS CASE WE ARE ALL ABNORMAL.
- **A WESTERN APPROACH** – JAHODA'S IDEAS BASED ON WESTERN IDEALS. COLLECTIVIST CULTURES PLACE IMPORTANCE OF PROMOTING FAMILY TIES AND BEING PART OF COMMUNITY. TRIVING FOR INDIVIDUAL FULFILLMENT COULD BE ABNORMAL.

## APPROACHES TO ABNORMALITY (THEME A PART 2)

There are **FOUR** approaches to abnormality. They are theoretical.

- 1) **Biological approach**
- 2) **Psychodynamic approach**
- 3) **Behavioural approach**
- 4) **Cognitive approach**

## THE BIOLOGICAL APPROACH

All mental disorders have a physical cause and a biological origin.

Psychological disorders are seen as mental illnesses that can be treated by medical means.

There are four factors:

### 1) INFECTION

Untreated syphilis leads to infection 'general paresis' leads to progressive paralysis and dementia.

**BROWN ET AL** – LINK BETWEEN RESPIRATORY INFECTIONS IN THE SECOND TRIMESTER OF PREGNANCY AND THE DEVELOPMENT OF SCHIZOPHRENIA WHEN FOETUS REACHES ADULTHOOD.

### 2) GENETIC FACTORS

More genetically similar people are, more likely it is they will develop similar mental disorders.

**SOUSA ET AL** – ANALYSED GENOMES OF 1000 AUTISTIC COMPARED TO DNA OF 1200 NON AUTISTIC. DIFFERENCES IN COPY NUMBER VARIATIONS (CNV) – GENETIC MATERIAL DISTINGUISHING ONE PERSON FROM ANOTHER. CNV'S AFFECT BRAIN DEVELOPMENT, AUTISTIC CARRY 20% MORE.

### 3) BIOCHEMISTRY

Mental disorders can originate from biochemical imbalances. Biochemical in form of hormones is an example and neurotransmitters.

**ZUBEITA ET AL** – PET SCANS OF BIPOLAR PEOPLE, 30% HIGHER LEVELS OF MONAMINE (DOPAMINE, SEROTONIN, and NOREPINEPHRINE)

### 4) BRAIN DAMAGE

Problems with development or damage can lead to mental disorders.

**TIEN ET AL** – HEAVY, PERSISTENT DRUG ABUSE OF COCAINE OR AMPHETAMINES = ORGANIC BRAIN DAMAGE. LEADS TO PSYCHOSIS (HALLUCINATIONS, DELUSIONS, PERSONALITY CHANGE).

## EVALUATION OF BIOLOGICAL APPROACH

- **REDUCTIONIST** – IGNORES OTHER VARIABLES SUCH AS POVERTY OR ENVIRONMENT. MODEL IS BIASED TO BIOLOGY, HARD TO GENERALISE.
- **HUMAN APPROACH TO TREATING MENTAL ILLNESS** – SAME AS TREATING MEDICAL ILLNESS, NO DIFFERENT TREATMENTS AND NO STIGMA OF BEING 'MENTALLY ILL', STRENGTH BECAUSE BE TREATED LIKE MENTAL PERSON CAUSES MORE PSYCHOLOGICAL DAMAGE.
- **CONCORDANCE RATE FOR MZ TWINS FOR SCHIZO IS 50%** - ABNORMALITY NOT ENTIRELY GENETIC, EXTRANEOUS NOT TAKEN INTO ACCOUNT, WEAKNESS, ENVIRONMENT MAY HAVE AFFECTED EACH TWIN DIFFERENTLY.
- **BIOLOGICAL MODEL TREATS SYMPTOMS NOT CAUSE** – WEAKNESS, NOT FIXING UNDERLYING PROBLEM, SYMPTOMS COULD RETURN, ISSUE NOT ADDRESSED.

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## THE COGNITIVE APPROACH

Abnormality is as a result of faulty cognitions (thinking). Faulty or irrational thought processes.

### IRRATIONAL THINKING (ELLIS 1962)

**MAGNIFICATION AND MINIMISATION** – magnifying failure and minimising achievement.

**OVERGENERALISATION** – sweeping conclusions on a single trivial event. (Failing an exam = completely useless at life).

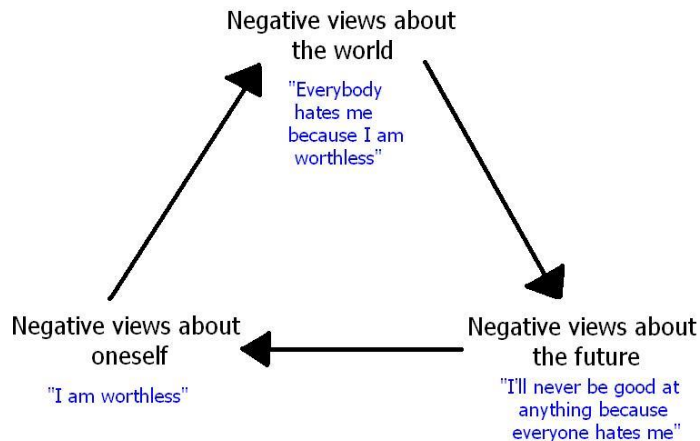
### COGNITIVE TRIAD – (BECK 1967)

Distorted thinking was the basis for psychopathology, particularly, depression.

**ERRORS IN LOGIC** – how someone construes an event in the past, present or future.

e.g. anticipating failure in an exam or failing one already and concluding that they are stupid.

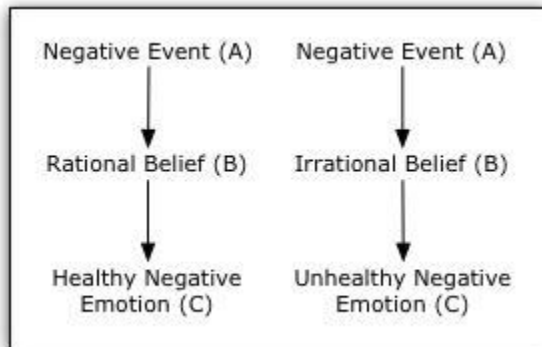
The cognitive triad was what depressed people attended to.



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## ABC MODEL – ELLIS



The ABC model consists of an activating event, belief and consequence. With either sides of the model having irrational or rational beliefs or desirable or undesirable emotions.

## EVALUATION OF THE COGNITIVE APPROACH

- **DOESN'T CONSIDER GENETICS OR THE ENVIRONMENT** – ABNORMALITY IS AS A RESULT OF MALADAPTIVE THINKING AND THEREFORE THIS APPROACH SAYS IT'S THE INDIVIDUAL AT FAULT. EVIDENCE SUGGESTS GENETICS DO PLAY A ROLE.
- **DISORDER MAY LEAD TO DYSFUNCTIONAL THINKING RATHER THAN DYSFUNCTIONAL THINKING CAUSING THE DISORDER.**
- **DOESN'T CONSIDER WHY THINKING IS FAULTY** – DIFFICULT TO TREAT AND UNDERSTAND.
- **RESPONSIBILITY AND BLAME IS WITHIN THE PATIENT** – HOW CAN THEY FIX THEIR OWN PROBLEMS?

## BEHAVIOURIST APPROACH

All abnormal behaviour is learnt according to this theory. Focuses on observable behaviour, not mental processes.

Abnormal behaviour occurs through classical conditioning, operant conditioning and social learning theory.

### Classical conditioning

Innate reflexes become paired with other stimuli through repeated association.

Learning through association. Phobias are claimed to be learnt this way.

INJECTION (UCS) = PAIN (UCR) (*BEFORE*)

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DENTIST (CS) + INJECTION (UCS) = PAIN (UCR) (*DURING*)

DENTIST (CS) = ANXIETY (CR) (*RESULT*)

## RESEARCH (LITTLE ALBERT)

**Aim:** provide empirical evidence that emotional responses could be learned.

**Procedure:** Lab experiment, 11 month old Albert, Presented with various stimuli- white rat, cotton wool, Responses filmed, Showed no fear to stimuli, fear reaction induced by striking a steel bar. Albert was startled and cried. Was then given a white rat when he touched it the bar was struck again. This was repeated three times.

**Findings:**

Before learning; HAMMER (UCS) > FEAR (UCR)

During learning; HAMMER (UCS) + RAT (CS) > FEAR (UCR)

After learning; RAT (CS) > FEAR (CR)

Evaluation; **unethical, no consent, psychological distress, unable to do study again.**

## Operant conditioning

Normality is learnt through:

1. Rewards for desirable behaviour (positive reinforcement).
2. Negative consequences (punishment) for undesirable behaviour.
3. Stopping negative consequences when bad behaviour stops and good starts (negative reinforcement).

**BUT** abnormality is learnt through, rewarding undesirable behaviour, negative consequences for desirable behaviour and stopping negative consequences when bad behaviour starts (negative reinforcement).

## Social learning theory

Abnormality is learnt through observation and imitation of role models.

e.g. seeing someone taking drugs and then taking them yourself.

Vicarious reinforcement – copy behaviour because you learn by seeing them either get rewarded or escape punishment.

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## How did the daughter learn this anorexia behaviour from her mother?

She observes her mother not eating sometimes or skipping meals. She then begins to do the same, not eating and skipping meals because her mother is the role model and she wishes to be like her. Vicarious reinforcement occurs when her mother says she's lost weight and she gets favourable attention from others and she has escaped punishment by not getting ill.

## EVALUATION OF THE BEHAVIOURIST APPROACH

- **FOCUSES ON BEHAVIOUR**– REPLACING ABNORMAL WITH NORMAL, THE FOCUS IS ALL ON BEHAVIOUR AND THEREFORE IT CAN BE REPLACED, THERE IS NO FOCUS ON PAST MISTAKES.
- **REDUCTIONIST**– FOCUSES ON OBSERVATION AND CONDITIONING, NOT OTHER FACTORS LIKE GENETICS. (RESEARCH EVIDENCE)
- **DOES NOT CONSIDER THE CAUSE OF ABNORMAL BEHAVIOUR**– WHY SOME ARE ABNORMAL AND OTHERS ARE NOT. ONLY SYMPTOMS ARE SHOWN NOW.
- **NO LABELLING OF BEING ILL WHICH CAN LEAD TO SELF FULFILLING PROPHECIES** – THIS APPROACH PREVENTS SELF FULFILLING PROPHECIES.

## PSYCHODYNAMIC APPROACH

Sigmund Freud claimed that all behaviour derived from the unconscious.

Personality develops in stages, these stages are vital in developing personality.

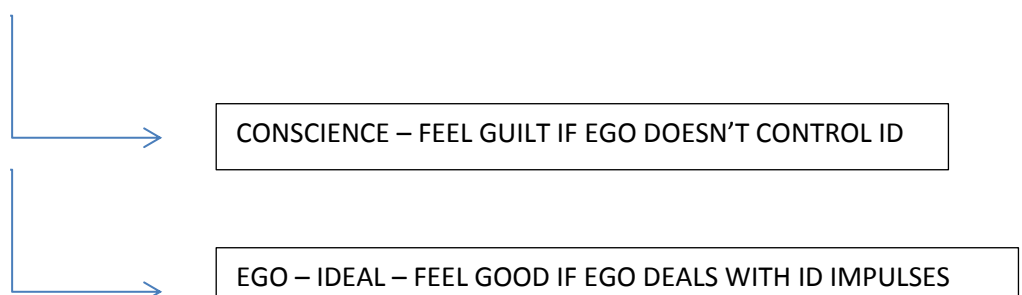
Early experiences affect later personality.

### Structure of personality

**ID**- PLEASURE, INFANTILE AND SELFISH BEHAVIOURS E.G. SEX

**EGO**- REALITY, MAINTAINS RATIONALITY, DELAYS GRATIFICATION AND CONTROLS ID.

**SUPER EGO** – MORAL PART THAT IS OUR RIGHT AND WRONG.





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## Psycho sexual stages of development

Oral stage – (0-1 ½ years) – pleasure from sucking and feeding

Anal stage (1 ½ - 3 years) – pleasure from expelling and retaining faeces.

Phallic stage (3- 6years) – genitals

Latency (6 years – puberty) – social development

Phallic stage (puberty onwards) – personality fully formed. Pleasure derived from mature sexual relationships.

## Ego defence mechanisms

**Repression** – prevent unacceptable desires, emotions and traumatic memories from becoming conscious.

**Projection** – attributing your unacceptable faults and wishes on to someone else.

**Denial** – refusal to believe events or certain emotions are causing anxiety.

**Regression** – engaging in behaviour characteristic of an earlier stage of development as a response to anxiety. E.g stamping.

**Displacement** – diverting emotions to someone else b/c emotions cannot be expressed to person concerned or accepting them causes anxiety.

**Sublimation** – diverting emotions on to something else. Socially acceptable form of displacement.

## So what is the origin of psychopathology according to Freud?

Conflict with the id and superego and ego. And imbalances between these.

Neurotic anxiety, for example comes from conflict between the id and superego.

Moral anxiety (guilt) because of conflict between ego and superego.

e.g. id threatens ego = anxiety

Failure of ego to control id means the superego induces guilt. This can trigger OCD and phobias.

Fixation of energy in the psychosexual stages means abnormality. So retentive tendencies fixated at the anal stage means you might hoard or become obsessed with orderliness.

### **EVALUATION OF THE BEHAVIOURIST APPROACH**

- **UNTESTABLE** – DIFFICULT TO TEST SCIENTIFICALLY, PSYCHOLOGY PREFERS TO USE EMPIRICAL DATA, UNCONCIOUS MIND ISNT OBSERVABLE DIRECTLY.
- **DETERMINISM** – BELIEVES OUR BEHAVIOUR IS DETERMINED BY UNCONCIOUS, INSTINCTIVE FORCES (BIO DETERMINISM) AND CHILDHOOD EXPERIENCES (ENVIRONMETAL DETERMINISM) THIS MAKES BEHAVIOUR OVER DETERMINED SO PEOPLE HAVE LITTLE CHOICE OVER HOW THEY BEHAVE AND BLAME THEIR HORTCOMINGS RATHER THAN TAKING RESPONSIBILITY.