

## Critically assess attempts to distinguish psychological normality and abnormality

Normality and abnormality are interconnected: each can only be defined in relation to the other. Furthermore, there is an assumption that it is possible, and meaningful, to draw the line between normal and abnormal. Where this line is drawn depends on the definition of abnormality/normality being used and the cultural and historical context in which the definition is used.

The abnormality as a deviation-from-the-average definition sees abnormality as statistically infrequent behaviour. Yet this does not distinguish between desirable and undesirable behaviour. Some behaviour can be seen as desirable yet be statistically infrequent, e.g. creative genius. Also there are behaviours that are so common that they are regarded as being statistically frequent, yet are categorised as psychological disorders, e.g. depression. Such problems with this simple definition deem it an insufficient tool in helping to define abnormality and normality.

The deviation-from-the-norm definition states that behaviour that is different to how an individual should behave and feel is abnormal. This definition has a solid line in terms of regarding what is deemed normal by society and what is not, whether statistically frequent or not. Yet this clear sense of normality can vary within the same culture or society and include situational norms, developmental norms, and cultural norms. It is far from clear what norms are being broken when someone displays a mental disorder. Often suffering from a mental disorder does not involve any obvious law-breaking, and conversely some disorders involve a variety of norms being broken simultaneously. It is very unclear when someone is breaking an ethical or moral norm.

A different approach to defining abnormality and normality is to describe aspects of a person's behaviour that they should possess to be seen to be normal. This approach is adopted by the abnormality as deviation-from-ideal-mental-health definition. Jahoda (1958) identified several ways in which mental health has been, or could be, defined. The problem in setting such criteria is that they lack a universal and absolute application. According to these criteria, the majority of the population would be seen to be suffering from a mental disorder, and, while most psychologists would accept these criteria, they remain effectively value judgements that refer to an idealised state of human existence. Furthermore, such criteria can only be seen within the context of the culture in which they are proposed and, as Szasz (1960) points out, cannot be universally defined like physical health.

In considering the individual at the centre of abnormal behaviour, it becomes clear that abnormality is a subjective experience of intense anxiety, unhappiness, depression or an amalgamation of disturbing symptoms. This can usually result in an individual seeking help, yet sometimes the opposite is the case. Someone's behaviour can be outwardly abnormal to others yet they may be totally oblivious of their behaviour and how abnormal it appears. The definition of personal distress may, therefore, not be applicable to those individuals whose behaviour is of serious concern to others.

The way others view abnormal behaviour is the basis of the abnormality-as-others'-distress definition. This is where other people 'stand in' for an individual who shows no insight into their problem, emphasising how the interaction between people is important in the recognition of mental disorders. Yet others can use their perspective to wield power over an individual who is perfectly at ease with themselves. Instead of showing empathic concern for an individual, people may attempt to remove their own personal distress

through an egoistic desire to improve their own situation. The motive behind the intervention is the key to how altruistic the assistance is.

If behaviour prevents an individual from attaining expected goals that lead to a sense of personal well-being (e.g. drug abuse), then their abnormality is defined through the abnormality-through-maladaptiveness definition. It should not be forgotten, however, that these maladaptive behaviours usually result in a large amount of personal distress to the individual concerned. Behaviour that is unexpected, when people who react in unexpected/disproportional ways to events, also leads to individuals being defined as abnormal. Again, the subjective nature of such definitions raises questions about their appropriateness. Concepts such as 'proportional' or 'expected' are highly subjective. Also, by using this definition, what is seen to be 'under-reacting' is just as abnormal as 'over-reacting' and yet only one of these value judgements is seen as correct. Leading on from this definition is the definition that sees highly predictable/unpredictable behaviour as abnormal. Any individual's behaviour should be seen as only partially predictable and not fully predictable, which would be seen as being abnormal. Smith (1986) lends further support to this definition by suggesting that those suffering from behaviour disorders are unable to modify their behaviour to suit the changing environment, but the same can be stated for those who have totally unpredictable behaviour, such as schizophrenics.

In conclusion, it needs to be stated that the most common way of viewing abnormality is to see it as an illness. The vocabulary used to describe abnormal individuals and their behaviours is borrowed from medical terminology, e.g. diagnosis, syndrome, etc, and the medical stance of psychiatry underlies this approach. Irrespective of which of the previous definitions are used in studying abnormality it seems very difficult for individuals to remove the medical approach from their thoughts. Whether recognised or not, when considering abnormality and abnormal individuals, people tend to see sick and ill individuals as requiring treatment – which indicates some form of underlying illness.