

Defining Normalcy in Psychology

1. Deviation from the norm

Criticisms:

- Many unusual behaviours are desirable: for example, genius.
- Some undesirable behaviours are statistically normal: depression.
- Changes due to age, culture. Not universally applicable.
- Who decides to what extent deviation from norm?

2. Social deviation

Abnormality can be defined in terms of certain standards of social behaviour.

Criticism: social deviations vary according to prevailing moral perspectives and can lead to an abuse of individual rights.

3. Deviation from mental health

Jahoda suggested that we could define psychological well being in order to recognize mental illness. The key features would be: self-acceptance, potential for growth and development; autonomy; accurate perception of reality; environmental competence; and positive interpersonal relationships.

Criticism:

- Influenced by cultural attitudes
- Idealistic. Few people actually achieve them.
- Concepts too difficult to measure; too vague for diagnosis.

4. Dysfunction and distress

Behaviour disrupts the ability to work and/or to conduct satisfying relations with people. It works on the ideal of *functionality*. However, in some situations apparently dysfunctional behaviour may be functional. Not all mental disorders are accompanied by distress (eg anti-social personality disorder) or we experience distress that is not a disorder (grief).

Rosenhan and Seligman suggested that certain elements *jointly* determine abnormality. When they co-occur, they are symptomatic of abnormality: suffering, maladaptiveness, irrationality, unpredictability, unconventionality, observer discomfort, violation of moral standards.

Define positive vs. negative symptoms.

5. Integrated Definitions

Thomas Szasz asserted that mental illness is a myth, a fictional creation used to control and change people. According to Szasz, people may suffer from “problems in living.”

Problems in diagnosis:

Beck found that agreement among diagnosticians was at about the level of chance.

Zigler and Phillips found a 54 – 84% agreement.

Validity?

- The Prestige Effect
- Heather claimed that the same diagnosis had a 50:50 chance of leading to the same or different treatment, which suggests a lack of validity.
- Zigler and Phillips found that the symptom of depression was just as likely to be found in someone diagnosed as manic depressive as someone labeled neurotic, and in 25% of schizophrenics.
- Rosenhan's classic study. Arranged for eight "normal" students to be examined by admitting doctors in psychiatric hospitals. They were instructed to behave normally except reporting that they heard a voice. All except one was admitted as schizophrenic, and later released (between 2 and 52 days later) as schizophrenics in remission.
- Rosenhan – part II. Rosenhan arranged that a hospital expected one or more pseudopatients over a period of three months. In that time 193 patients were admitted and all staff were asked to rate the likelihood that they were "real." In fact, all patients were real, but more than 20% were judged as pseudopatients by one member of the staff, and 10% by two others.

Ethical considerations:

Labeling
Stigmatization
Cultural bias
Gender bias
Overpathologization

Cultural Considerations:

"Emics" vs. "Etics"

Emics are cultural specifics. Also called *Cultural Relativism*. Argues that culture and psychopathology are inextricably intertwined, and that abnormal behaviours can only be understood within the cultural framework within which they occur.

Etics are universals of behaviour *Cultural Universality*.

Kleinman: Chinese and Africans appear to manifest less guilt and shame than do depressed Europeans/Americans. The Chinese and Africans, however, report more somatic complaints. This may be a cultural response bias. Some cultural groups may have values that prohibit

reporting or focusing on subjective distress, in contrast to Western notions of the importance of self-disclosure.

Kleinman (1995) also found that many items of an assessment instrument may use wordings that are culture-specific (for example, feeling blue).

Li-Pac (1980) conducted a study to evaluate the role of culture in the diagnostic approach of therapists. In this study, Chinese American and European American male clients were interviewed and video-taped, then rated by Chinese American and European American male therapists on their level of psychological functioning. The results showed an interaction effect between the cultural backgrounds of therapist and client on the therapists' judgement of the clients. The Chinese American clients were rated as awkward, confused, and nervous by the European American therapists, but the same clients were rated as adaptable, honest, and friendly by the Chinese American therapists. In contrast, European-American clients were rated as sincere and easy-going by European-American therapists, but aggressive and rebellious by Chinese-American therapists. Furthermore, Chinese American clients were judged to be more depressed and less socially capable by the European-American therapists, and the European American clients were judged to be more severely disturbed by the Chinese-American therapists.