

LECTURE III

THE CONCEPTS OF *NORMALITY* AND *ABNORMALITY* IN PSYCHOLOGY AND MEDICINE

Presented by:

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Structure:

- 1. The concept of normality and abnormality**
- 2. Normality criteria**
- 3. Abnormality criteria**
- 4. Health as type of normality. The criteria of health. Mental health**
- 5. Disease - as type of abnormality. The criteria of disease. Mental disease.**
- 6. Models of disease explanation. Main disease classifications.**

Normality concept



Normality implies a dynamic adaptation to the changing environmental conditions, but also the variations from a media considered normal in the social, cultural milieu.

Normality - notion used in psychology to define a complex functional and dynamic equilibrium in a totality of active interferences and interdependencies with the environment.



- This **equilibrium** results by the harmonic collaboration between different systems in the organism, according to its *adaptive resources* and *compensating mechanisms*, which varies from an individual to another with age.



The role of compensating mechanisms into normality process maintaining:

- **Compensating mechanisms** intervene when excessive environmental solicitations (too intense, too long) and the organism's functional reserves are reduced or exhausted, so that the adaptive mechanisms could no longer maintain the equilibrium (for usually, when it's cold, or we are stressed we eat more).
- Even if compensating mechanisms can cover for a while the functional deficit of the body, giving the illusion of normality, in fact there is a disturbance of the functional processes which, in time, can mark the beginning of a disease.



Normality criteria

- **Statistical criteria** (the norm, the media, the way of thinking, acting in a certain situation etc.).
- **Functional criteria** (functioning according to his age and abilities).
- **Adaptive criteria** (the ability to adapt to his environment)
- **Interpersonal criteria** (ability to create good, stable relationship with other people).
- **Cultural criteria** (functioning according to the cultural norms).
- **Moral criteria.**



Abnormality concept

- It's a deviation from the normality. This deviation can be positive, as in gifted, genius person, as in disharmonic sick people.
- It can be also considered as a deviation from the statistical norm and implies a dysfunction, a sufferance at the psychological and social level.

Abnormality is also:

Abnormality

- **Abnormality:** Subjective experience of feeling “not normal”
 - Feeling intense anxiety, unhappiness, distress
- Consider when behavior violates social norms or makes others anxious
 - Cultural diversity affects what people consider “normal behavior”
 - What may fit social norms in one culture may violate social norms in another

Ways of Defining "Abnormal"

Subjective Discomfort: Feelings of anxiety, depression, or emotional distress. *But people we would consider definitely abnormal may not feel subjective discomfort.*

Social Nonconformity: Disobeying societal standards for normal conduct; usually leads to destructive or self-destructive behavior. *But it doesn't always. Is being a nonconformist always a disorder? 1984!*

Statistical Abnormality: Having extreme scores on some dimension, such as intelligence, anxiety, or depression. *But having a numerically rare characteristic isn't always a disorder (e.g., having an IQ of 180)*



4D CRITERIA OF ABNORMALITY



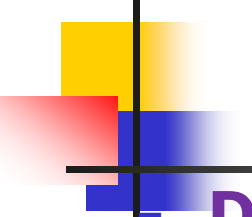
The **(4D)** criteria of abnormality:

1. **D**eviation from norm.
2. **D**ysfunction (transgression of interpersonal norm).
3. **D**istress (state of internal tension and anxiety).
4. **D**anger/Aggressiveness.

What is Psychologically Abnormal?

- The Four D's
 - Deviance
 - Distress
 - Dysfunction
 - Danger



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- **Dysfunctional:** Behaviors and feelings are dysfunctional when they interfere with person's ability to function in daily life, to hold a job, or form relationships.
 - **Distress:** Behaviors and feelings that cause distress to the individual or to others around him or her are considered abnormal.
 - **Deviant:** Highly deviant behaviors like chronic lying or stealing lead to judgements of abnormality.
 - **Dangerous:** Behaviors and feelings that are potentially harmful to an individual or the individuals around them are seen as abnormal.

The relation Normality/ Abnormality



abnormality (+)

Normality

Normality

abnormality (-)



Health as type of normality imply:

- Integrity state.
- Absence of symptoms.
- Wellbeing.
- Ability to grow up and to learn.
- Capacity of self-development (fulfilling by realizing the own potential, “what a men can be, they must be”).
- Capacity to face the quotidian and its exigencies, inclusive to our own emotions.
- Ability to adapt (solve) flexible to our own conflicts.



WHO definition of health:

- **state of psychological, somatic and social wellbeing that is subscribed to the more general term of normality.**



Health

It implies several perspectives:

- From *subjective perspective* health means an accord with oneself.
- From *dynamic perspective* health is accordance between age and actual estate.
- From *social perspective*, health imply the way that the others members of the group perceive the individual and the atmosphere they create around the person.

!!! When one of this perspective is abnormal we are talking about an incomplete state of health which can go to recovery of disease.



At social level, health implies:

- Dominance of cooperation and competition individuals and not of conflicts ones;
- Solving conflicts in a peaceful ways;
- Maintaining equilibrium between tolerance and punishment in controlling the group members;
- Maintaining the cohesion of the group through attachment to common values and aims;
- Right rapport between rewards and punishments;
- Preserving the emotional security;
- Avoiding tensions which could induce disorders.



Mental health

- **Mental health** means the capacity of individual to fulfill a social, professional, interpersonal role, to form a family, and to face its responsibilities.
- Mental health is the result of interaction of individual and group factors, being conditioned by intellectual and affective qualities, inborn or acquired, permitting active social integration and adaptation of the individual to his environment.



Disease - as type of abnormality

is a disturbance at physical or/and psychic level

Historically there are 2 conceptual models to explain the diseases:

- **biomedical model** and
- **bio-psycho-social model.**



Biomedical model of disease explanation

- **Biomedical model** considers only biological factors so very reductive. It is focused on sick organ, not taking into account the person as a whole. It considers that the doctor only is responsible for treating the disease.



Bio-psycho-social model of disease explanation

It derive from the general theory of systems:

1. **biological system** centered on anatomical, structural, molecular level and on the biological functioning of the patient.
2. **psychological system** centered on the role of motivation and personality upon the illness and patients reactions to disease.
3. **social system** centered on cultural and familial influences on illness.



The bio-psycho-social model theories

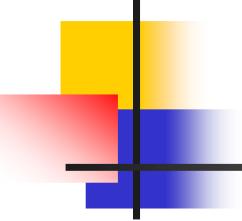
- psyche cannot be separated from soma;
- the causes of diseases are various, as somatically, psychologically and socially;
- the importance of prevention in the process of treatment;
- responsible for prevention, treatment and recuperation is not only the doctor and the medical team, but also the patient, his family and the society too.



The disease implies: **onset, evolution and the end**

- - **Onset**

It can start with first symptoms of without symptoms but with psychopathological disorders not observed clinically. This implies the exhaustion of functional reserves of the body. Insidious (subtle) onset, on days or weeks, sometimes years, when there is a struggle between adaptive processes and pathogenic agent.



- **The period of disease:**

There is a characteristic evolution of the disease, when the etiopathogenetic complex has the determinant role but the reactivity of the body influence the clinical presentation.



The end of disease

- 3 possibilities: **recovery, chronic evolution and death.**
- **Recovery** means reestablishing integrally the functional and adaptive balance of the body. In this case there is a mobilization of defense mechanisms, etc. There is a positive finalization of all processes taking place during the illness, but the reactivity of the body is modified (for example: the antibodies produced during a contagious disease).
- **Chronic evolution** implies a partially recovery, when the equilibrium is very fragile, persisting some sufferance, waving evolution.
- Another possibility is the recovery with some defects, inducing sufferance, handicap, but without affecting the adaptive possibilities of the body.
- **Clinical death** of 5-6 min. induce a hypoxia and some irreversible lesions in SNC. Biological death follows the lesions produced in clinical death.



Consequences of diseases I

- **Somatic disturbances:** pains, dyspnea, fever, diarrhea, fainting etc., or minor symptoms normally neglected by the individual but overrated during the disease.
- **Nonspecific somato-psychological disorders** like: insomnia, anxiety, asthenia, irascibility etc.
- **Environmental modification** for the patient following hospitalization.
- **Relational modifications** (emphasis on doctor-patient relationship, new relations patient-patient relationship), changing relations with friends, colleagues, etc.



Consequences of diseases II

- **Behavioral modifications:** affective and behavioral regression induced by psychological stress (exaggeration of his own sufferance, childish attitude as a protective defense reaction), egocentrism, increasing the sensitivity, individual dependency on the doctor, dominance of affects such as crying, laugh, aggressiveness, anxiety, depression, etc.,
- **Task evasion, social evasion** especially in those patients with low social status, using the disease in order to draw attention upon him.
- **Informational contagion** from “veterans”.
- **Helping behavior** among patients.



Mental disease

- is seen as disturbance at different level of psychic structure.
- it can appear in a period of normal functioning body.
- induces an adaptive difficulty to personal and social level.
- it obstructs personal development, the ability to self fulfillment and creativity.



Main classifications of mental disorders

- Actually, there are **two main classifications of mental disorders**:
 - 1. The internationally recognized classifications of mental disorder, included as part of the **International Classification of Diseases (ICD)** from the WHO (World Health Organization) has had four revisions since 1948, and,
 - 2. **The Diagnostic and Statistical Manual (DSM)** from the American Psychiatric Association has undergone four revisions since 1952.



ICD-10


The **International Statistical Classification of Diseases and Related Health Problems**, 10th Revision (**ICD-10**) is a coding of diseases and signs, symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as classified by the World Health organization(WHO).



DSM IV

The **American Psychiatric Association** publishes the *Diagnostic and Statistical Manual of Mental Disorders, DSM-IV*, a reference work designed to provide guidelines for psychologists and others to use in the diagnosis and classification of mental disorders.

Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)

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- **CLASSIFICATION OF MENTAL DISORDERS DISORDERS
USUALLY FIRST DIAGNOSED IN INFANCY, CHILDHOOD, OR
ADOLESCENCE**
 - **DELIRIUM, DEMENTIA, AND AMNESTIC AND OTHER
COGNITIVE DISORDERS**
 - **MENTAL DISORDERS DUE TO A GENERAL MEDICAL
CONDITION NOT ELSEWHERE CLASSIFIED SUBSTANCE-
RELATED DISORDERS**
 - **SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS**
 - **ANXIETY DISORDERS**
 - **SEXUAL AND GENDER IDENTITY DISORDERS**
 - **EATING DISORDERS**
 - **SLEEP DISORDERS**
 - **ADJUSTMENT DISORDERS**
 - **PERSONALITY DISORDERS**
 - **OTHER CONDITIONS**



How it can be commented?

Of Course I'm
Abnormal,
Life's More Fun
That Way!





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THANK YOU