

Defining Abnormal Behavior

Module Goal

Understand historical, cultural, and current views of abnormality.

Learning Objectives

- 31.1 How has mental illness been explained in the past and in other cultures?
- 31.2 What is psychologically abnormal behavior?
- 31.3 What are the major models of abnormality?
- 31.4 What is stigma, and how does it relate to mental illness?
- 31.5 How do psychological disorders impact individuals, their families, and society?

Understand Historical, Cultural, and Current Views of Abnormality

Exactly what is meant by the term *abnormal behavior*? Abnormal compared to what? Who gets to decide what is normal and what is not? Has the term always meant what it means now? These are just a few questions that come to mind when thinking about the study of abnormal behavior, or **psychopathology** (Wen-Shing & Strelzer, 1997). And the answers to these questions are not always straightforward: Definitions of abnormality have always varied from culture to culture, and from era to era.

31.1 How has mental illness been explained in the past and in other cultures?

A Brief History of Psychological Disorders Archaeologists have found human skulls dating from as early as 10,000 B.C.E. bearing the evidence of an ancient surgical technique. The skulls have holes cut into them, made while the person was still living. In fact, many of the holes show evidence of healing, meaning that the person survived the process. The process of cutting holes into the skull of a living person is called *trepanning* (also spelled *trepining*). Although trepanning is still done today to relieve the pressure of fluids on the brain, in ancient times, the reason may have had more to do with releasing the “demons” possessing the poor victim (Gross, 1999). Ancient cultures might have assumed that people who behaved oddly were possessed by evil spirits. As trepanning had to have been rather unpleasant, the disordered person may very well have tried hard to be “normal” after treatment, too.

Hippocrates was a Greek physician who lived around 400 B.C.E.—a time when the rest of the world and even many Greeks believed in the demon possession explanation of mental illness. Hippocrates, now known by some as the “Father of Medicine,” challenged that belief, asserting that illnesses of both the body and the mind were the result of imbalances in the body’s vital fluids, or *humors* (phlegm, black bile, blood, and yellow bile). Although Hippocrates was not correct in his assumptions about the humors of the body, his was the first

psychopathology the study of abnormal behavior.

recorded attempt to explain abnormal behavior as the result of some kind of biological process.

Many Europeans during the Middle Ages believed in spirit possession (through the teachings of the Roman Catholic Church or the remnants of other religious/cultural systems). The treatment of choice was a religious one: *exorcism*, or the formal casting out of the demon through a religious ritual (Lewis, 1995). During the Renaissance, belief in demon possession (in which the possessed person was at least seen as a victim) gave way to a belief in witchcraft, and mentally ill people were often called witches and put to death. Although there is wide disagreement about exactly how many people were hanged, burned, stoned, or drowned as witches, some estimates place the number at around 100,000 (Barstow, 1995).

Although abnormal behaviors were often attributed to supernatural forces during the prescientific era, psychological professionals today have a much more accurate understanding of the causes and symptoms of abnormal behavior. We'll discuss modern views of abnormality later in this module and in Module 32.

Current Issues in Psychology

A Look at Abnormality in Various Cultures

It's important to realize that what's perceived as normal in one culture may be perceived as abnormal in another culture. In particular, cultural differences in abnormal behavior must be addressed when psychological professionals are attempting to treat members of a culture different from theirs. **Cultural relativity** is a term that refers to the need to consider the unique characteristics of the culture in which a person with a disorder was nurtured in order to be able to correctly diagnose and treat the disorder (Castillo, 1997). For example, in most traditional Asian cultures, mental illness is seen as a shameful thing that brings disgrace to one's family. It may be seen as inheritable and, therefore, something that would hurt the marriage chances of other family members, or it may be seen as stemming from something the family's ancestors did wrong in the past (Ritts, 1999; Ying, 1990). This leads many Asian people suffering from disorders that would be labeled as depression or even schizophrenia to report bodily symptoms rather than emotional or mental ones, as bodily ailments are more socially acceptable (Fedoroff & McFarlane, 1998; Lee, 1995; Ritts, 1999).

Some disorders, called **culture-bound syndromes**, are only found in particular cultures. Here are a few examples, together with the culture in which they are found (Ritts, 1999):

- *Taijin-kyofu-sho (TKS)*: TKS is found primarily in Japan and involves the fear that one will do something in public that is socially inappropriate or embarrassing, such as blushing, staring, or having an offensive body odor (Kirmayer, 1991).
- *Susto*: Susto is a kind of magical fright found among the Kechua-speaking Latino Indians of the Andes. It is seen as a "loss of soul" triggered by some frightening experience, after which the person falls to the ground and experiences appetite and weight loss, weakness, problems sleeping, depression, and lack of emotion (Pfeiffer, 1982).

cultural relativity the need to consider the unique characteristics of the culture in which behavior takes place.

culture-bound syndromes disorders found only in particular cultures.

- *Amok*: The term comes from Southeast Asia but similar concepts are found in Latin America, as well as in certain Native American tribes. Amok results from a perceived insult or slight, which is followed by a period of brooding and then a violent or aggressive outburst, during which the person may attack others and may not remember doing so (Pfeiffer, 1982).

Question for Further Discussion

1. Think about your own culture. Is there a disorder or behavior that seems to be unique to your culture?

31.2 What is psychologically abnormal behavior?

As we've seen, defining abnormal behavior or abnormality is not a simple task. The easy way out is to say that abnormal behavior is behavior that is not normal, but what does that mean?

One way to define *normal* and *abnormal* is to use a statistical definition that allows us to consider behaviors along a continuum, with "normal" in the middle. Using such a definition, frequently occurring behavior would be considered normal, and behavior that is rare would be abnormal. That kind of definition works fine with a behavior such as talking to others; the two rarer possibilities would be not talking to anyone at all and talking too much to too many people—both of which would be considered abnormal. What about a behavior such as happiness? Is a medium level of happiness really the "norm" most people strive to reach? We can agree that a total lack of happiness would be abnormal, but should a person who is very happy also be labeled abnormal?

Another way of defining abnormality is to see it as something that goes against the norms or standards of the society in which the individual lives. For example, refusing to wear clothing in a society that does not permit nudity would be seen as abnormal. But deviance, or variation, from social norms is not always labeled as negative, abnormal behavior. For instance, if a person decided to become a monk and live in a monastery in the United States, it would be unusual and society would consider it nonstandard behavior, but it wouldn't be a sign of abnormality.

Using *social nonconformity*, or a failure to follow social norms, as a criterion for abnormality also creates a problem when dealing with different cultures. Behavior that would be labeled disordered in one culture may be quite acceptable in another. **LINK** to *Chapter Eight: Culture and Gender*, p. 359. Even within one culture, the **situational context** (the social or environmental setting of a person's behavior) can make a difference on how behavior is labeled. For example, if a man comes to a therapist complaining of people listening in on his phone conversations and spying on all his activities, the therapist's first thought might be that the man is suffering from feelings of persecution. But if the man then explains that he is in a witness protection program, the complaints take on an entirely different and quite understandable tone.

One sign of abnormality is when a person experiences a great deal of **subjective discomfort**, or emotional distress while engaging in a particular behavior. A woman who suffers from a fear of going outside her house, for example, would experience a great deal of anxiety when trying to leave home and distress over being unable to leave. However, not all behavior that might

situational context the social or environmental setting of a person's behavior.

subjective discomfort emotional distress or emotional pain as reported by an individual.

be considered abnormal necessarily creates subjective discomfort in the person committing the act—a serial killer, for example, does not experience emotional distress after taking someone’s life, and some forms of disordered behavior involve showing no emotions at all.

Behavior that does not allow a person to fit into society or function normally can also be labeled abnormal. This kind of behavior is termed **maladaptive** (the prefix *mal-* comes from the Latin word for “bad”), meaning that the person finds it hard to adapt to the demands of day-to-day living. Maladaptive behavior includes behavior that may initially help a person cope but has harmful or damaging effects in the long run. For example, a woman who cuts herself to relieve anxiety experiences initial relief but is harmed by the action. Maladaptive behavior is a key element in the definition of abnormality.

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The Final Definition of Abnormality

So, how do psychologists decide what is abnormal?

Perhaps the shortest definition of abnormal behavior, or a **psychological disorder**, is any pattern of behavior that causes people significant distress, causes them to harm themselves or others, or harms their ability to function in daily life. To get a clear picture of abnormality, it is often necessary to take all of the factors discussed thus far into account. Psychologists and other psychological professionals must consider several different criteria in determining whether or not a behavior is abnormal (at least two of these criteria must typically be met to form a diagnosis of abnormality):

1. Is the behavior *unusual*, such as experiencing severe panic when faced with a stranger or being severely depressed in the absence of any stressful life situations?
2. Does the behavior *go against social norms*? (Keep in mind that social norms can change over time).
3. Does the behavior cause the person *significant subjective discomfort*?
4. Is the behavior *maladaptive*?
5. Does the behavior cause the person to be *dangerous to self or others*, as in the case of someone who tries to commit suicide or attacks other people without reason?

31.3 What are the major models of abnormality?

Now that we have a working definition of abnormality, we can begin to ask what causes psychological disorders. Psychologists use three different types of theoretical models—the biological model, psychological models, and the biopsychosocial model—to explain the causes of abnormal behavior.

The Biological Model: Medical Causes for Psychological Disorders

The **biological model** proposes that psychological disorders have a biological or medical cause (Gamwell & Tomes, 1995). According to this model, disorders such as anxiety, depression, and schizophrenia are caused by chemical imbalances, genetic problems, brain damage and dysfunction, or some combination of those causes. There is a growing body of evidence that basic personality traits are as much influenced by genetic inheritance as they are by experience and upbringing, even across cultures (Bouchard, 1994; Herbst et al., 2000; Jang et al., 1996; Loehlin, 1992; Loehlin et al., 1998). One of the Big Five personality factors [LINK](#) to *Chapter Twelve: Theories of Personality*, pp. 387–388) is

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◀ So, how do psychologists decide what is abnormal?



maladaptive anything that does not allow a person to function within or adapt to the stresses and everyday demands of life.

psychological disorders any pattern of behavior that causes people significant distress, causes them to harm others, or harms their ability to function in daily life.

biological model model of explaining behavior as caused by biological changes in the chemical, structural, or genetic systems of the body.

neuroticism, for example, and it is easy to see how someone who scores high in neuroticism would be at greater risk for anxiety-based disorders.

The biological or medical model has had a great deal of influence, especially in the language used to describe disorders: phrases like *mental illness* and *symptoms of disorder* and terms such as *diagnosis*, *mental patient*, *mental hospital*, *therapy*, and *remission* all come from medical terminology. The use of such terms, although still widespread, may tend to bias the assumptions of professionals who are not psychiatrists or medical doctors toward a biological cause for disordered behavior.

The Psychological Models Although the biological model of psychological disorders is influential, it is not the only way in which disorders are explained. There are several psychological models that attempt to explain disordered behavior as the result of various forms of emotional, behavioral, or thought-related malfunctioning.

The *psychodynamic model*, based on the work of Freud and his followers, **LINK** to Chapter Twelve: *Theories of Personality*, pp. 376–383, explains disordered behavior as the result of repressing one's threatening thoughts, memories, and concerns in the unconscious mind (Carducci, 1998). These repressed thoughts and urges try to resurface, and disordered behavior develops as a way of keeping the thoughts repressed. For example, a woman who has unacceptable thoughts of harming her family members might feel "dirty" and be compelled to wash her hands every time those thoughts threaten to become conscious, ridding herself symbolically of the "dirty" thoughts.

Behaviorists, who define personality as a set of learned responses, have no trouble explaining disordered behavior as being learned just like normal behavior (Skinner, 1971; Watson, 1913). For example, when Joanne was a small child, a spider dropped onto her leg, causing her to scream and react with fear. Her mother came running and made a big fuss over her, soothing her and giving her lots of attention. The next time Joanne saw a spider, she screamed again because of the prior fear-provoking incident. Again, she was rewarded with the attention of everyone in the room. Eventually, Joanne would experience a fear reaction and scream if someone just said the word *spider*. Behaviorists would say that Joanne's fear of the spider was conditioned to occur to the mere sight of a spider or even the sound of the word, and her screaming reaction was positively reinforced by all the attention and soothing.

Cognitive psychologists, who study the way people think, remember, and mentally organize information, see abnormal behavior as resulting from maladaptive thinking patterns (Mora, 1985). A depressed person, for example, may be taking small problems and blowing them out of proportion, or he may be depressed because he's unhappy with his job or his relationships, but he doesn't believe that he has the power to control and change his situation. A cognitive psychologist might explain Joanne's fear of spiders as distorted thinking: "All spiders are vicious and will bite me, and I will die!" Joanne's particular thinking patterns put her at a higher risk of depression and anxiety than those of a person who thinks more logically.

Biopsychosocial Perspective: All of the Above In recent years, a new perspective has surfaced in which biological, psychological, and sociocultural influences on abnormality are not seen as independent causes of abnormal behavior. Instead, these influences are thought to interact with one another to cause the various forms of disorders. For example, a person may have a genetically inherited tendency for a type of disorder, such as anxiety, but may not



▲ Statistically speaking, about one out of every five of the people in this crowd suffers from some form of psychological disorder. If psychological disorders are so common, why do you think they are still stigmatized?

develop the full-blown disorder unless the family and social environments produce the right stressors at the right time in development. The person's particular culture will also play a part in determining the exact degree of the disorder and the form that it might take. This is known as the **biopsychosocial model** of disorder, which has become a very influential way to view the connection between mind and body.

31.4 What is stigma, and how does it relate to mental illness?

Despite the fact that mental illnesses have existed across all times and cultures, there is still a widespread negative attitude toward people with mental illnesses. This social disapproval is known as a **stigma**. People who stigmatize psychological abnormality may incorrectly feel that mental illness is a sign of weakness, possession, or some other negative conditions. These stigmas can be expressed both directly (making a negative statement about a person with mental illness) and more subtly (assuming that a person is violent, or denying a person a service or a job, because he or she has a mental disorder). One illustration of the power of this stigma in everyday life comes from a 1977 study in which an associate of psychologist Stewart Page called 180 people who were advertising rooms for rent in Toronto. Initially, most of the rooms were available. When she mentioned that she was about to be released from a mental hospital, however, 75% of people responded that the rooms were not available. When another associate called the same people, the rooms were again available to rent. Does the fact that a person is being released from a mental health facility indicate that the person will not be a good tenant? Not necessarily. However, the stigma associated with mental illness can create serious obstacles for people in many cultures. This stigma can also discourage people suffering from mental illnesses from seeking the help they need.

Stigmas can come from dramatized media portrayals, negative personal experiences, stereotypes, and cultural misconceptions. However, as mental illness is increasingly recognized as a disease of the brain, rather than a character weakness, the stigma associated with psychological disorders seems to be

biopsychosocial model perspective in which abnormal behavior is seen as the result of the combined and interacting forces of biological, psychological, social, and cultural influences.

stigma social disapproval of conditions or characteristics that are considered abnormal.

fading in Western culture (Solomon, 1996). While talking about mental illness in public would have been embarrassing and perhaps even shocking in early 20th century America, public figures have recently begun to speak about their struggles with mental health disorders. Research shows that the more exposure that people have to individuals with mental health disorders, the more informed and understanding they become, and the more accepting their attitudes become (Kolodziej & Johnson, 1996).

31.5 How do psychological disorders impact individuals, their families, and society?

Like other forms of illness, psychological disorders disrupt a person's day-to-day life and come with their own physical and mental challenges. As we've discussed, abnormal behavior is still stigmatized in many societies, and people diagnosed with psychological disorders may feel judged or labeled by others around them, even their friends and family members. The stigmas associated with mental illness, along with the challenging health problems that can occur as a result of certain disorders, may lead to a loss of friendships, family support, and even employment, depending on the severity of the illness. Seeking a diagnosis can be a challenging experience for people who do not want to admit that they need help. Also, individuals who are treated for psychological disorders may have to cope with the side effects of treatment: Some drugs that effectively treat psychological disorders also result in weight loss, weight gain, or other health problems. Additionally, many health insurance plans severely limit coverage of the treatment of mental illnesses, and the lack of comprehensive insurance for mental health services reinforces the idea that mental illnesses are not "real" or common medical issues.

The individual diagnosed with a psychological disorder is not the only person affected by the disorder. It can be extremely stressful for families and friends to care for a loved one with a mental illness. Caring for a person with a mental illness is often time-consuming, and drugs and therapy sessions can be expensive. Some family members may even blame themselves for the person's illness, a pattern of thought which increases stress and causes feelings of guilt. The stress of caretaking can actually put family members at greater risk to develop certain types of mental illnesses if they are genetically predisposed to do so. Children of parents with mental disorders are also at an increased risk of developing mental illnesses—partly as a result of genetic factors, and partly due to environmental factors.

Because psychological disorders can and do affect millions of people's lives, it is increasingly important that societies devote resources and funding to the effective treatment of mental illness. In addition to effective and accessible treatment, educational programs that share the facts of mental illness with all members of society can help people with mental illnesses—along with their friends and families—better understand the challenges they face and learn how to meet those challenges. Taking a psychology class is just one way in which you can educate yourself about the facts of mental illness.

Practice Quiz

Pick the best answer.

1. Who would be the most likely to assume that psychological disorders are caused by an imbalance in the fluids (humors) of the body?
 - a. an ancient Egyptian physician
 - b. a modern psychiatrist
 - c. an ancient Greek physician
 - d. a physician of the Middle Ages
2. In Japan, the disorder called _____ centers around a fear of doing something embarrassing or socially inappropriate.
 - a. anxiety
 - b. taijin-kyofu-sho
 - c. susto
 - d. amok
3. Which model of abnormality explains abnormal behavior as caused by illogical thinking?
 - a. psychodynamic
 - b. cognitive
 - c. behavioral
 - d. biopsychosocial
4. A biopsychologist might explain the occurrence of a major depressive episode as being the result of
 - a. unresolved unconscious conflicts that are left over from a difficult childhood
 - b. maladaptive automatic thoughts that lead a person to think negatively about his or her world
 - c. chemical imbalances, brain damage or dysfunction, or some combination of the two
 - d. a combination of biological, social, and psychological factors
5. Which is NOT one of the criteria that psychological professionals consider when determining whether a behavior is abnormal?
 - a. Is the behavior maladaptive?
 - b. Does the behavior cause the person to be dangerous to self or others?
 - c. Does the behavior cause the person significant subjective discomfort?
 - d. Is the behavior a genetically inherited trait?
6. What was the most likely reason that ancient people performed trepanning to others?
 - a. to relieve fluid pressure on the brain
 - b. to look into the brain to see what was wrong
 - c. to release evil spirits that were in the person's head
 - d. to restore balance to the body's humors
7. Which model of abnormality talks about reinforcement and imitation as ways of developing abnormal behavior?
 - a. psychodynamic
 - b. behavioral
 - c. cognitive
 - d. biological
8. Lisa has started having feelings of fearfulness about going to school. She has begun to suffer from headaches and stomachaches and has missed several days of school already. Lisa's condition is abnormal from the _____ definition.
 - a. statistical
 - b. situational context
 - c. social deviance
 - d. subjective discomfort
9. The term _____ can refer to society's disapproval of people with mental illnesses.
 - a. stigma
 - b. psychopathology
 - c. cultural relativity
 - d. social nonconformity
10. Which of the following is FALSE about psychological disorders?
 - a. Certain disorders may lead to a loss of friendships, family support, and employment.
 - b. Some family members may blame themselves for a person's illness.
 - c. Children of parents with mental disorders are at decreased risk of developing mental illnesses.
 - d. Some drugs that treat psychological disorders can result in weight loss, weight gain, or other health problems.