## CRITERIA OF NORMALITY

The term 'Normal' derived from a word 'norm' conforming to that which is characteristic and representative of a group, not deviating markedly from the average or the typical. Criteria of normality should be studied on the basis of two considerations. These two considerations are basically the importance of studying the criteria of normality.

- It is the baseline of all behaviours.
- Studying the baseline, the deviant behaviours are labelled.

The four perspective of normality as formulated by Daniel Offer and Melvin Sabshin are:

A. Normality as Health.
B. Normality as Utopia
C. Normality as Average.
D. Normality as Transactional System.

### A. Normality as Health:

Most physicians equate normality with health and view health as an almost universal phenomenon. Behaviour is assumed to be within normal limits when psychopathology is not manifested. J. Romano stated that 'a healthy person is one who is reasonably free from undue pain, discomfort and disability.

### B. Normality as Utopia

The term 'Utopia' means ideal society derived from the work of Thomas More. The second perspective, normality as utopia conceives of normality as that harmonious and optimal blending of the diverse elements of the mental apparatus that culminates in optimal functioning.

### C. Normality as Average.

It is based on a mathematical principle of the bell-shaped curve. This approach conceived middle range as normal and both extremes as deviant.

### D. Normality as Transactional System.

It stresses that normal behaviour is an end result of interacting systems. Normality as transactional systems encompasses variables from the biological, psychological and social fields, all contributing to the functioning of the system.

## OTHER APPROACHES TO DEFINE CRITERIA OF NORMALITY

### I. STATISTICAL APPRAOCH:

The statistical view holds that frequently occurring behaviours in a population are normal, and thus infrequently occurring behaviours are not normal. This is similar to 'norms' in sociology. However, where the cut-off points should be between normality and abnormality is difficult to decide. Further, a statistical model may not be valid across cultures – even within the same country. For example, walking slowly may be the norm in a country village, while walking quickly is the norm in a busy city. But now days, the continuity between normality and abnormality is established.

James Drever in the 'Dictionary of Psychology' defined 'normal' as 'performing to a standard for a particular type or group;....average or near the average for a type or group;....not deviating from the mean than twice the standard deviation....beyond that amount of deviation supposed to be subnormal and supernormal.

## II. SOCIOCULTURAL PPROACH:

The criteria of normality may vary from place to place i.e. from culture to culture. An appreciated behaviour in a particular culture may not be appreciated in another culture.

## III. NORMALITY ASA MATTER OF DEGREE:

The difference between the abnormal and normal behaviour is dependent on the frequency, degree and intensity of responses. No guilt or overwhelmed with guilt are definitely abnormal responses, but some amount of guilt is found in all normal individuals.

## IV. PSYCHOANALYTIC APPROACH:

Sigmund Freud proposed that to be normal, a person must cross successfully all the psychosexual stages. If there is any sort of fixation in any one of the stages, normality cannot be achieved.

Jahoda in 'Encyclopedia of Social Sciences' summarized the criteria of normality as follows:

- These are attitudes towards the self which includes self-acceptability, correctness of self-concept, and sense of identity.
- Growth, development and self-actualization.
- Integration – refers to the decision making process; self-regulation.
- Undistorted perception of reality – includes empathy or social sensitivity.
- Environmental mastery – ability to adjust; adequacy in interpersonal relations; efficiency in problem-solving; adequacy in work, love and play.

On the basis of the above discussion, the criteria of normality may be summarised as follows:

- Adequate feeling of security, occupational, social and family.
- Adequate self-knowledge: means, drives, goals and ambitions.
- Adequate self-esteem: feeling of values, proportionate to one's individuality and achievements.
- Adequate feeling of worthwhileness without superego pressure.
- Ability to form strong lasting emotional ties; sharing people's emotions.
- Adequate control with reality.
- Adequate bodily desire and ability to gratify them: enjoying eating, sleeping, sexual behaviour etc.
- Integration and consistency of personality – all round development, versality, ability to concentrate etc.
- Adequate life goal – achievable, realistic, socially acceptable goals.
- Ability to learn from experience and from different cultural set-up: knowledge, skills as well as avoiding the method that have failed.
- Ability to satisfy the requirements of the group – acceptance by group; feeling of belongingness.
- Ability to make oneself free from the influence of the group when require.

**CONCEPT OF PSYCHOPATHOLOGY**

**Psychopathology** is the scientific study of psychological disorders. The study of psychopathology, the field concerned with the nature, development and treatment of mental disorders. Mental illness remains one of the most stigmatized of conditions in the 21st century, despite advances in the public's knowledge regarding the origins of mental disorders (Hinshaw, 2007).

**Stigma** refers to the destructive beliefs and attitudes held by a society that are ascribed to groups considered different in some manner, such as people with mental illness. Stigma has four characteristics:

- A label is applied to a group of people that **distinguishes** them from others (e.g. crazy).
- The label is linked to **deviant** or **undesirable** attributes to society (e.g. crazy people are dangerous).
- People with the label are seen as **different**.
- People with the label are **discriminated against unfairly** (e.g. a clinic for crazy people can't be built in our neighbourhood).

A person with mental illness is not necessarily any more likely to be violent than a person without mental illness (Steadman et al. 1998). Stigma is the most formidable obstacle to future progress in the arena of mental illness and mental health.

## *Defining Mental Disorder*

"A clinically significant behavioural or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g. a painful symptom) or disability (i.e. impairment in one or more important areas of functioning) or with a significantly increased risk of suffering, death, pain, disability, or an important loss of freedom. In addition, this syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event, for example, the death of a loved one. Whatever it's original causes, it must currently be considered a manifestation of a behavioural, psychological, or biological dysfunction in the individual" (American Psychiatric Association, 2000).

The most widely accepted definition used in DSM-IVTR describes behavioural, emotional or cognitive dysfunctions that are unexpected in their cultural context and associated with personal distress or substantial impairment in functioning as abnormal.

## *Key characteristics in the definition of mental disorder:*

- **Personal Distress:** But not all mental disorders cause distress. For example, an individual with antisocial personality disorder may treat others coldheartedly and violate the law without experiencing any guilt, remorse, anxiety, or other type of distress. And not all behaviour that causes distress is disordered – for example, the distress of hunger due to religious fasting or the pain of childbirth.
- **Disability:** Disability, i.e, impairment in some important area of life (e.g. Work or personal relationships) – can also be used to characterize mental disorder.
- **Violation of Social Norms:** Behaviour that violates social norms might be classified as disordered. Social norms vary a great deal across cultures and ethnic groups, so behaviour that clearly violates a social norm in one group may not do so at all in another.

- **Dysfunction**: It occurs when an internal mechanism is unable to perform its natural function.

## MODELS OF PSYCHOPATHOLOGY

### NEUROSCIENCE PERSPECTIVE:

The neuroscience paradigm is concerned iwth the ways in which the brain contributes to psychopathology. Neurotransmitters such as serotonin, norepinephrine, dopamine and GABA have been implicated in a number of disorders. A number of different brain areas are also a focus of research.

### BEHAVIOURAL PERSPECTIVE:

According to the behaviourists, learning plays an important role in abnormal behaviour, relearning may help to alter the behaviour. To the behaviourists, what is needed is not to put a diagnostic labels on people but simply to specify as clearly as possible what the maladaptive behaviour is, what contingencies may be setting the stage for and maintaining it, and how these contingencies may be rearranged in order to alter it (Widiger and Costa, 1994).

### COGNITIVE PERSPECTIVE:

The emergence of the cognitive perspective represented an important shift in abnormal psychology. Cognitive approaches to treating psychological disorders assume that disorders persist as long as the cognitive components of the disorders continue to be active and that they improve when the cognitive components are altered. They argued that psychological problems arise from irrational beliefs or distorted thinking.

### PSYCHODYNAMIC PERSPECTIVE:

Abnormal functioning is motivated primarily by irrational drives and determined by childhood experiences. The psychodynamic perspective emphasizes the inner psychological processes that motivate behaviour, such as unconscious conflicts over basic biological impulses.

### SOCIOCULTURAL PERSPECTIVE:

Like the behavioural perspective, the socio-cultural perspective studies abnormal behaviour in an environmental context. But whereas the behavioural school confines its attention to the immediate environment, the socio-cultural perspective views behaviour as the product of broad social forces. It emphasizes the influence of cultural, gender, socioeconomic and ethnic factors, along with identity, on behaviour.

### HUMANISTIC-EXISTENTIAL PERSPECTIVE:

Adopted phenomenological approach – means trying to see the world through client's own perceptions and subjective experiences. They emphasize the human capacity for growth, freedom to choose one's fate and responsibility for one's decision.

### DIATHSIS-STRESS: AN INTEGRATIVE PERSPECTIVE

It is an integrative paradigm that links genetic, neurobiological, psychological and environment factors. Diathesis refers most precisely to a constitutional predisposition towards illness and stress refers to some unpleasant environmental stimulus that triggers psychopathology. The key point of this model is that both diathesis and stress are necessary in the development of disorders.