**AS Psychology**  
**Unit 2: Abnormality**  
Defining and explaining Psychological Abnormality  
3 Definitions:  
- Deviation from social norms  
- Failure to function adequately  
- Deviation from idea mental health

Deviation from Social Norms:  
- Social norms:  
  - Explicit, implicit rules a society has about what’re acceptable behaviors, values, beliefs (based on moral standards)  
  - Explicit, violate → breaking the law  
  - Implicit (unspoken): matter of Convention  
- Social norms: not standing too close to someone in face-to-face conversation  
- People who violate such norm = Deviant, abnormal  
  + Schizophrenia (loses touch with reality)  
  + Phobia (weird behavior escaping feared objects)  
- Deviation from Social Norms = useful to identify mental problems

Evaluation:  
i. Eccentric/Abnormal:  
   - Deviation from social norms =/= psychological abnormal  
   - Could be ECCENTRIC rather than Abnormal  
   - Only particular Abnormal Behavior = Pathological  
   - If degree of Eccentricity so great that you will be judged → Mental illness

   ii. Abnormal/Criminal:  
   - Behavior → violates legal norms = Criminal  
   - Rarely attributed to an underlying psychological disorder  
   - E.g. rape/murder (Unacceptable)  
   - ^Perpetrators of crimes = Abnormal  
   - ^Extreme antisocial behavior = Inherent in their personality

   iii. Role of context:  
   - Context-specific  
   - E.g. yelling in match = acceptable  
     Yelling in concert = unacceptable

   iv. Change with time:  
   - Norms will change as time goes by

   v. Risk of abuse:  
   - If Adhere that social deviance as psychological abnormality  
   - Those who deviates = Mad???

   vi. Cultural issues:  
   - Varies among different cultures
Biological Treatment:
Drug Treatment:
• Drugs alter brain functioning by adjusting the levels of neurotransmitters
• Different type of drugs=used for different mental illnesses

Antidepressants:
• Drugs that relieve the symptoms of depression
  (First developed in the 1950s and have been used regularly since then)
• Increasing the activity of neurotransmitters
• They pass signals from one brain cell to another
• The neurotransmitters most involved in depression are thought to be serotonin and noradrenalin
• Can also be used to treat stress and anxiety

Anti-Psychotic drugs:
• Used in the treatment of schizophrenia
• Major tranquillizers, which sedate the person & reduce such symptoms such as disorder, withdrawal, delusions and hallucinations
• They tranquillize without impairing consciousness

Use of drugs:
• If a person requires quick relief from their symptoms - e.g. anxiety / depression
• If a person had a psychotic illness whereby psychotherapy would be unlikely to work

Evaluation:
Relatively cheap & effective treatment:
• Rapidly reduce symptoms & enable many people to live relatively normal lives

Placebo effect:
• Person feels that they are better because they are taking a pill, irrespective of what is in the pill
• Has the drug helped, or have the people helped themselves?

No long-term cure:
• When the person stops taking the drugs, the symptoms may recur

Treat the symptoms, not the problem:
• People may prefer to take them because taking tablets are a familiar activity, unlike other therapies

Side effects:
• Which can be unpleasant, e.g. dry mouth, a slight tremor, fast heartbeat, constipation, sleepiness, and weight gain
Evaluation:

• Time-consuming and is unlikely to provide answers quickly
  Unlike cognitive therapy, which can take months to work, psychoanalysis can take years

• Psychoanalytic therapy involves talking and gaining insight, and is costly and time-consuming
  It is argued that it is only of benefit to an articulate, intelligent, affluent minority

• Evidence suggests psychoanalytic therapy works best if the client is motivated and has a positive attitude
  This makes it unsuitable for people with depression

• Patients might discover some painful and unpleasant memories that had been repressed, which causes them more distress

• This type of therapy does not work for all people and for all types of disorders
  • Salzmann (1980) suggests that psychodynamic therapies generally are of little help to clients with specific anxiety disorders such as phobias or OCDs but may be of more help with general anxiety disorders