4.1 The Four Definitions of Abnormality: 30-minute Pack

AQA 7182 · about 30 minutes

Total Marks

Name: _____ Date: ____ / ____ / _____

Answer all questions. Full sentences are required for questions worth 4 marks or more. Allow about 30 minutes for the whole pack.

1 Outline Rosenhan and Seligman's idea of failure to function adequately, naming two of the criteria used to judge functioning.

(Total for Question 1 is 3 marks)

2 A woman named Erin lives in a community where it is normal for adults to sleep outdoors during harvest season. Erin sleeps indoors every night and reports no distress, she is socially well integrated and able to work. Which definition of abnormality would classify Erin as abnormal, and why? Refer to the definitions by name.

(Total for Question 2 is 4 marks)

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3 A man called Noah scores 4 standard deviations below the population mean on an intelligence test. Using the statistical infrequency definition, would Noah be classed as abnormal? State the answer and justify it briefly.

(Total for Question 3 is 4 marks)

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4 Discuss the four definitions of abnormality: statistical infrequency, deviation from social norms, failure to function adequately and deviation from ideal mental health. In your answer, evaluate the usefulness and limitations of these definitions for understanding and diagnosing mental disorder. Refer to examples and show understanding of cultural and practical issues.

(Total for Question 4 is 16 marks)

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Mark scheme · 4.1 The Four Definitions of Abnormality: 30-minute Pack

Question 1

states that failure to function adequately judges abnormality by inability to live or cope in daily life	**M1**
names one criterion, e.g. personal distress or maladaptiveness oe	**A1**
names a second criterion, e.g. observer discomfort or unpredictability or irrationality oe	**A1**

Answer: Failure to function adequately treats abnormality as when a person cannot cope with everyday life; criteria include personal distress (the person feels upset) and maladaptiveness (behaviour interferes with their ability to meet basic needs), and others such as causing observer discomfort or being unpredictable.

Question 2

identifies deviation from social norms as the definition that would classify Erin as abnormal	**M1**
explains why: she deviates from the community norm of sleeping outdoors	**A1**
notes that other definitions (statistical infrequency, failure to function, deviation from ideal mental health) would not classify her as abnormal because she functions well and is not distressed oe	**A1**
may mention cultural relativity: the judgement depends on the local social norm oe	**A1**

Answer: Deviation from social norms would class Erin as abnormal because her behaviour of sleeping indoors departs from the community expectation of sleeping outdoors. Other definitions would not, since she functions well and is not distressed; such a judgement depends on the cultural norm.

Question 3

states that Noah would be classed as abnormal under statistical infrequency	**M1**
justifies by noting that scoring 4 standard deviations below the mean is extremely rare compared with the population distribution oe	**A1**
may add that rare traits are labelled abnormal under this definition even if they cause no distress oe	**A1**
may note potential need for further assessment to judge impairment or need for support oe	**A1**

Answer: Yes. Under statistical infrequency Noah would be classed as abnormal because a score 4 standard deviations below the mean is extremely rare in the population. However, rarity alone does not indicate whether he needs support, so further assessment would be needed.

Question 4

Level 4 Knowledge of the four definitions is accurate, detailed and well organised. Evaluation is thorough and balanced, covering strengths, weaknesses and cultural and practical implications with relevant examples. Application to diagnosis and clinical practice is integrated. Specialist terminology is used effectively and arguments are developed coherently.	**13-16**
Level 3 Knowledge is generally accurate with reasonable detail. Evaluation addresses key strengths and limitations and mentions cultural or practical issues. Application and examples are present but may be less developed. The answer is mostly clear and organised with appropriate terminology.	**9-12**
Level 2 Knowledge is present but limited in detail. Evaluation is basic or one-sided, and application or examples are brief. Cultural issues may be mentioned superficially. The answer may lack organisation and precise terminology.	**5-8**
Level 1 Very limited knowledge and understanding. Evaluation is minimal or missing. Little or no application or examples. Answer is poorly organised and uses little specialist terminology.	**1-4**
Level 0 No creditworthy content.	**0**

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Indicative content:

- AO1 content: clear definitions of each approach: statistical infrequency as rarity relative to a population distribution; deviation from social norms as violating cultural expectations; failure to function adequately as inability to live or cope with everyday life using Rosenhan and Seligman's criteria; deviation from ideal mental health as failure to meet Jahoda's criteria for wellbeing.
- AO1 content: examples for each: intellectual disability as statistical infrequency, antisocial behaviour judged by social norms, severe depression impairing work as failure to function, lacking autonomy or accurate reality testing as deviation from ideal mental health.
- AO3 evaluation: strengths of statistical infrequency include objective measurement and usefulness for some diagnoses (e.g. intellectual disability thresholds), limitations include labelling desirable rare traits as abnormal and arbitrary cut-offs; does not assess distress or dysfunction.
- AO3 evaluation: strengths of deviation from social norms include social and legal relevance and sensitivity to context; limitations include cultural relativism, who decides the norms, danger of social control and oppression, and changing norms over time.
- AO3 evaluation: strengths of failure to function adequately include clinical usefulness in identifying need for help, focus on distress and impairment, and guiding treatment decisions; limitations include subjectivity, observer bias, cultural differences in functioning expectations, and risk of paternalism.
- AO3 evaluation: strengths of deviation from ideal mental health include positive focus on wellbeing and therapeutic goals; limitations include being overly demanding, culturally biased criteria, difficulty of operationalisation and risk of pathologising normal reactions.
- AO2 application: discuss how cultural issues affect each definition with examples, e.g. hearing voices as spiritual experience in some cultures vs symptom in others; the role of clinician judgement and need for cultural competence.
- AO3 synthesis: argue that no single definition is sufficient; combined approaches are used in practice, for example DSM/ICD rely on symptom clusters plus distress/impairment criteria, combining elements of statistical expectations and failure to function. Consider ethical implications of mislabelling and the practical need for reliable assessment.
- AO3 further points: reliability and validity issues in diagnosis, operational criteria reduce subjectivity but may miss context; role of social values and power in defining mental disorder; implication for treatment allocation, stigma and human rights.

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