PSY.PSYP1 The Four Definitions of Abnormality

Total Marks

AQA 7182 · Calculators not allowed · about 60 minutes

Name: _____ Date: ____ / ____ / _____

Answer all questions. Full sentences are required for questions worth 4 marks or more. Allow about 60 minutes for the whole pack.

1 Outline the definition of abnormality known as statistical infrequency, as it is used in the diagnosis of psychological disorders.

(Total for Question 1 is 2 marks)

2 Outline the definition of abnormality called deviation from social norms, as used in clinical contexts.

(Total for Question 2 is 2 marks)

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

(Total for Question 3 is 3 marks)

4 Outline Jahoda's deviation from ideal mental health definition by naming two of Jahoda's six criteria for ideal mental health.

(Total for Question 4 is 3 marks)

5 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 5 is 4 marks)

6 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 6 is 4 marks)

7 Priya frequently shouts at strangers, causes arguments and has lost two jobs because of this behaviour. She reports feeling unable to control her anger and finds daily life difficult. Which definition of abnormality fits Priya best and why? Give two points of justification linked to the definition named.

(Total for Question 7 is 3 marks)

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8 Describe one strength and one limitation of using deviation from ideal mental health (Jahoda) as a definition of abnormality. Each point should include a reason why it matters.

(Total for Question 8 is 6 marks)

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9 Explain one limitation of the statistical infrequency definition that is illustrated by a behaviour that is rare but desirable, such as very high intelligence.

(Total for Question 9 is 4 marks)

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10 Kwame lives in a country where talking to ancestors is a common and accepted spiritual practice. A visiting clinician from a different culture records Kwame as hearing voices and suggests diagnosis of a psychotic disorder under the failure to function criterion. Which issues with applying Western-based definitions does this scenario illustrate? Give two concise points.

(Total for Question 10 is 3 marks)

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11 Briefly state whether deviation from social norms is sufficient on its own to justify diagnosing someone as mentally disordered. Give one reason to support your answer.

(Total for Question 11 is 2 marks)

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12 Explain how the failure to function adequately definition can be useful in clinical practice when deciding whether someone needs support. Give two linked points of application.

(Total for Question 12 is 6 marks)

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13 Discuss the four definitions of abnormality in the context of diagnosis and clinical practice, with evaluation of strengths and limitations and reference to examples and cultural issues.

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 13 is 16 marks)

Mark scheme · PSY.PSYP1 The Four Definitions of Abnormality

Question 1

- **B1** states that statistical infrequency defines abnormality as behaviour that is rare or uncommon in the population relative to a distribution
- **B1** may refer to being far from the mean on a measured trait, e.g. intelligence or depression score, oe
- **Answer: Abnormality by statistical infrequency is defined as behaviour or characteristics that are rare or uncommon in the population, measured as being far from the average on a given distribution, for example very low or very high scores on an intelligence or symptom scale.**

Question 2

- **B1** states that deviation from social norms defines abnormality as behaviour that violates the accepted rules or expectations of a society or culture
- **B1** may mention that norms vary by culture, context and time oe
- **Answer: Deviation from social norms defines abnormality as behaviour that goes against the accepted rules, values or expectations of a particular society or culture; what counts as abnormal can depend on cultural or contextual norms.**

Question 3

- **M1** states that failure to function adequately judges abnormality by inability to live or cope in daily life
- **A1** names one criterion, e.g. personal distress or maladaptiveness oe
- **A1** names a second criterion, e.g. observer discomfort or unpredictability or irrationality oe
- **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 4

- **M1** states that deviation from ideal mental health defines abnormality as failure to meet criteria for psychological wellbeing
- **A1** names one Jahoda criterion, e.g. autonomy or accurate perception of reality oe
- **A1** names a second Jahoda criterion, e.g. self-actualisation or positive attitude towards self oe
- **Answer: Deviation from ideal mental health considers someone abnormal if they fail to meet criteria for psychological wellbeing; examples of Jahoda's criteria include autonomy and accurate perception of reality, or self-actualisation and a positive attitude towards the self.**

Question 5

- **M1** identifies deviation from social norms as the definition that would classify Erin as abnormal
- **A1** 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
- **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 6

- **M1** states that Noah would be classed as abnormal under statistical infrequency
- **A1** 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
- **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 7

- **M1** identifies failure to function adequately as the best-fitting definition
- **A1** justifies with personal distress or inability to cope in daily life: she reports losing jobs and cannot control her anger oe
- **A1** justifies with maladaptiveness: behaviour interferes with occupational functioning and social relationships oe
- **Answer: Failure to function adequately. Priya reports she cannot control her anger, has lost jobs and finds daily life difficult, showing personal distress and maladaptiveness which meet Rosenhan and Seligman's criteria.**

Question 8

- **M1** strength: identifies a positive, holistic standard such as promoting wellbeing oe
- **A1** explains why this matters, e.g. it emphasises strengths and goals for therapy like self-actualisation, not just pathology oe
- **M1** limitation: the criteria are culturally biased and idealistic, e.g. autonomy and self-actualisation are not valued equally across cultures oe
- **A1** explains why this matters, e.g. many people in collectivist cultures could be labelled abnormal wrongly, reducing validity of the definition oe
- **A1** additional development, e.g. the criteria are hard to operationalise for diagnosis so clinicians may disagree oe
- **A1** additional development, e.g. reliance on an unrealistic ideal may pathologise normal responses to stress, limiting practical usefulness oe
- **Answer: Strength: Jahoda's approach is positive and holistic, offering criteria for psychological wellbeing and goals for therapy such as self-actualisation; this matters because it focuses on enhancing strengths rather than only labelling deficits. Limitation: the criteria are culturally biased and idealistic, for example autonomy and self-actualisation may be less valued in collectivist cultures; this matters because it risks mislabelling people from different cultures as abnormal and is hard to operationalise for consistent diagnosis.**

Question 9

- **M1** states that statistical infrequency would label rare desirable traits as abnormal
- **A1** gives example such as very high intelligence being rare but not maladaptive oe
- **A1** explains why this is a problem, e.g. it can lead to incorrect labelling and does not consider value judgements or functionality oe
- **A1** may note that clinical decisions need to consider whether a trait causes impairment, not just rarity oe
- **Answer: Statistical infrequency would label rare but desirable traits, like very high intelligence, as abnormal. This is problematic because rarity alone does not imply dysfunction or harm; clinical judgement should consider whether the trait causes impairment or distress, not only how uncommon it is.**

Question 10

- **M1** identifies cultural relativism or cultural bias in definitions of abnormality
- **A1** explains that practices acceptable in Kwame's culture would be misinterpreted by a clinician using a different cultural norm oe
- **A1** notes that who decides the norm and lack of cultural competence can lead to inappropriate diagnosis and stigma oe
- **Answer: This illustrates cultural relativism and cultural bias: behaviour acceptable in Kwame's culture may be labelled abnormal by a clinician using Western norms, and lack of cultural competence or who sets the norm can lead to inappropriate diagnosis and stigma.**

Question 11

- **B1** states that deviation from social norms is not sufficient on its own
- **B1** gives reason, e.g. it risks pathologising non-harmful cultural or minority behaviours and does not assess distress or impairment oe
- **Answer: No. Deviation from social norms alone is not sufficient because it risks pathologising culturally different or non-harmful behaviours; diagnosis should also consider personal distress and functional impairment.**

Question 12

- **M1** states that it focuses on practical consequences such as ability to hold down a job or self-care
- **A1** explains application 1: clinicians can use evidence of maladaptiveness or impairment to prioritise treatment and allocate resources oe
- **M1** states that it takes account of personal distress
- **A1** explains application 2: reported distress and risk to self or others help determine urgency of intervention and ethical duty of care oe
- **A1** additional development: it allows a person-centred assessment rather than reliance on statistical cut-offs oe
- **A1** additional development: but it requires clinician judgement so checks for observer bias and cultural context are needed oe
- **Answer: Failure to function adequately is useful because it focuses on real-life consequences such as inability to work or manage self-care; clinicians can use evidence of maladaptiveness to prioritise treatment and allocate support. It also considers personal distress and risk, so reported suffering or danger helps decide urgency of intervention. This approach supports person-centred assessment rather than automatic labelling, though it relies on clinician judgement which must consider cultural context.**

Question 13

- **Level 4** (13-16): 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.
- **Level 3** (9-12): 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.
- **Level 2** (5-8): 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.
- **Level 1** (1-4): 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.
- **Level 0** (0): No creditworthy content.
- **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