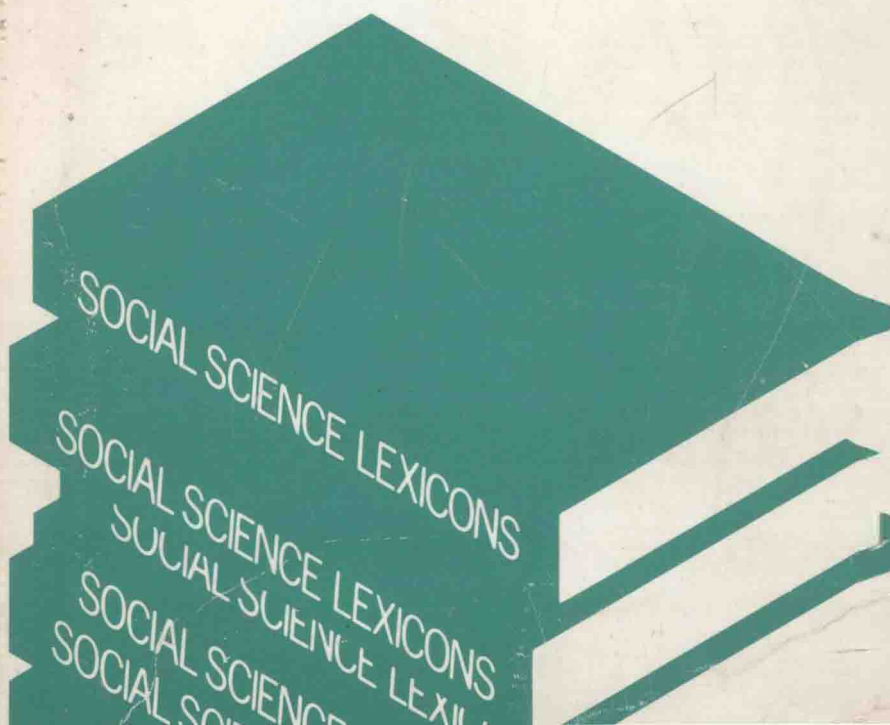


A Lexicon of Psychology, Psychiatry and Psychoanalysis

Edited by Jessica Kuper



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Abnormal Psychology

Abnormal psychology may be viewed as the scientific study of abnormalities of behaviour and experience, their determinants and correlates. However, the complexity of any such definition is well illustrated by the instructions for authors in the *Journal of Abnormal Psychology*, which includes as a topic falling within the journal's area of focus 'normal processes in abnormal individuals'. It is apparent that a consideration of the use of the word abnormal in this context is necessary.

It is common to distinguish at least three definitions of psychological abnormality. (1) *The statistical definition.* It is dependent upon a knowledge of the relative frequencies of certain behaviours, experiences, traits, etc., in the population; the extremes of the distributions are defined as abnormal. There are several problems with this approach: (i) Even if one restricts oneself to those dimensions studied extensively in experimental and social psychology, it is apparent that much of the population is likely to be abnormal in at least some respects. (ii) Abnormalities of relevance to adjustment may not lie solely in terms of the absolute levels of particular variables, but also in the way in which different measures covary. (iii) Abnormally high scores on measures such as those of ability would not be regarded as abnormal in the sense of a psychological aberration. (iv) The interpretation placed on statistical abnormality, for example, a high score on an anxiety questionnaire, is highly dependent on context, for instance, whether or not the subject faced an identifiable stressful experience. It should be noted that this last point applies equally to the definitions of abnormality discussed below. (2) *The social definition* of psychological abnor-

mality indicates that behaviours seen as violating the rules of social functioning are classified as abnormal. It is clear that standards of social behaviour vary according to the social reference group. There is obviously a partial overlap with statistical definitions of abnormality in that conformity to standards defines normal social behaviour. (3) *The medical definition* of psychological abnormality suggests that it be defined in terms of specific symptoms which indicate the presence of an underlying disordered state. However, the majority of problems of adjustment which result in intervention have no clear organic basis. Although guidelines for what constitutes symptoms have been developed (e.g., Wing *et al.*, 1974) and can result in their reliable assessment, it is apparent that the designation even of such symptoms as hallucinations as psychological impairment may be dependent on social and cultural factors (Al-Issa, 1977).

Shapiro (1975) has argued that the field of psychopathology consists largely of those psychological phenomena requiring intervention. He suggests that they have at least one of the following four characteristics: they are distressing to the person concerned and/or to his associates; they are disabling; they are socially inappropriate in the context of the patient's subculture; they are inconsistent with reality. Research in abnormal psychology may be viewed as an attempt to describe and explain such phenomena in terms of concepts and theories derived from the scientific investigation of animal and human behaviour. Within abnormal psychology it is common to distinguish several models, or overall ways, of conceptualizing the area of study: the biological, emphasizing the biological bases of abnormality; the cognitive-behavioural; and the social. However, these are best seen as complementary approaches, reflecting different levels of analysis. Most of the phenomena of psychopathology are amenable to, and indeed require, analysis at all three levels.

A number of research strategies in abnormal psychology may be distinguished. (1) Group comparisons based on psychiatric classification. Despite frequent criticisms of this method of classification, the resultant groupings form the basis of much research in abnormal psychology. Such studies aim to test

deductions from hypotheses concerning the nature and determinants of the disorder. (2) Studies examining the correlates and properties of an objectively defined aspect of abnormal behaviour or experience. (3) Experimentally induced pathological behaviour: here psychopathology is modelled and reproduced in the laboratory either with animal or human subjects.

(4) Analogue studies: these involve the investigation of naturally occurring but non-clinical forms of statistically abnormal behaviour patterns, such as fear of spiders, which are seen as similar on critical dimensions to those phenomena requiring intervention.

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See also: *mental disorders*.

Activation and Arousal

The terms activation and arousal have often been used interchangeably to describe a continuum ranging from deep sleep or coma to extreme terror or excitement. This continuum has sometimes been thought of as referring to observed behaviour, but many psychologists have argued that arousal should be construed in physiological terms. Of particular importance in this connection is the ascending reticular activating system, which is located in the brain-stem and has an alerting effect on the brain.

Some question the usefulness of the theoretical constructs of activation and arousal. On the positive side, it makes some

sense to claim that elevated arousal is involved in both motivational and emotional states. It appears that individual differences in personality are related to arousal levels, with introverts being characteristically more aroused than extroverts (H. J. Eysenck, 1967). In addition, proponents of arousal theory have had some success in predicting performance effectiveness on the basis of arousal level. In general, performance is best when the prevailing level of arousal is neither very low nor very high. Particularly important is the fact that there are sufficient similarities among the behavioural effects of factors such as intense noise, incentives and stimulant drugs to encourage the belief that they all affect some common arousal system.

On the negative side, the concepts of activation and of arousal are rather amorphous. Different physiological measures of arousal are often only weakly correlated with one another, and physiological, behavioural and self-report measures of arousal tend to produce conflicting evidence. Faced with these complexities, many theorists have suggested that there is more than one kind of arousal. For example, H. J. Eysenck (1967) proposed that the term arousal should be limited to cortical arousal, with the term activation being used to refer to emotional or autonomic arousal.

It may be desirable to go even further and identify three varieties of arousal. For example, a case can be made for distinguishing among behavioural, autonomic and cortical forms of arousal (Lacey, 1967). Alternatively, Pribram and McGuinness (1975) argued for the existence of stimulus-produced arousal, activation or physiological readiness to respond, and effort in the sense of activity co-ordinating arousal and activation processes.

In sum, the basic notion that the behavioural effects of various emotional and motivational manipulations are determined at least in part by internal states of physiological arousal is plausible and in line with the evidence. However, the number and nature of the arousal dimensions that ought to be postulated remains controversial. In addition, there is growing suspicion that the effects of arousal on behaviour are usually rather modest and indirect. What appears to happen is that