

Defining Normal

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Abstract

Based on the available research, normal has traditionally been defined in terms of the abnormal. In other words, each term is used as a benchmark to describe the other, without which neither term could be defined on its own. This raises questions in the psychological community about the legitimacy of those definitions. In order to obtain a more comprehensive understanding of these concerns, a literature review was conducted, examining how the field of psychology has attempted to address this problem. According to the previous research, the term "normal" can have no set definition because its meaning is unstable over time due to such factors as consensus, social legitimacy in classification, trait confirmability, and negativity bias. The results of this study imply the need for further research into the consequences that may result from an inability to allow flexibility in the definition of "normal", as it suggests that a better understanding of how it is defined may help the psychological field avoid the misdiagnosis of abnormal and disordered behaviors in the future. More importantly, this research suggests that everyday people, and not just psychologists, should be encouraged to look beyond the symptoms and consider other factors that could contribute to misdiagnosis.

Introduction

In a critical discussion on "Effects of Psycho-diagnostic Labels, Depression, Severity, and Instructions on Assessment," Diana Herbert, Rosemary Nelson and James Herbert express concern that the accuracy of psychological assessment might be hindered by abnormal labels. According to the authors, after a diagnosis of behavior has been given, all consistent symptoms are remembered even when they are absent; likewise, any symptoms that are inconsistent are often disregarded when they are present (Herbert et al., 1988, p. 496).

This observation gives rise to several questions. For instance, how have changes in the psychological assessment process altered the perception of these disorders? More importantly, when *should* so-called "abnormalities" be classified as psychological disorders? Neither of these questions seem to be fully answerable without a prior claim to the definition of "normal." For this reason, researchers must ask another question—what is normal? However, this research does not intend to provide the absolute definition of "normal." In fact, following an examination

of all the evidence that has been thus far collected, further research into the matter should result in a strong argument for there being no set definition of normality, as the sheer number of published works that address the attempts for psychologists to provide a definition demonstrate that the classification and diagnosis of abnormal behaviors has been forced to change over time.

Because psychology suggests that the definition of "normal" will vary by time and place, how normality is *perceived* in any given circumstance is a more accurate way of approaching the question. Acknowledging that there are many different perceptions of what "normal" means is a central part of understanding so-called abnormal behavior. This research starts from the hypothesis that abnormalities simply cannot be accurately judged or determined without a proper understanding of what it means to be normal, which requires an examination of precisely how the current consensus in psychology determines when behavior crosses the thin lines between normal, abnormal and disordered. Unfortunately, the diagnostics and statistics used to determine this are not as cut

and dried as those who are not familiar with the field of diagnostic psychology might want to believe. For this reason, the research outlined here aims to help people become conscious of the present need for greater awareness in the field of psychology regarding how normality is defined and perceived within the field. It is important for people outside the field to acknowledge that perceptions of behavior – and the diagnostic labels provided by psychologists – should not be taken at face value. Only then can the question of normality be revisited.

The guiding hypothesis motivating this research implies that *normality can have no set definition in psychology*. Though this claim is deceptively simple, a review of the general opinion set forth in the current *Diagnostic and Statistical Manual of Mental Health* (or *DSM*) would suggest this reality is being ignored. In order to fully understand the true complexity of this issue, this study proposes to examine different views and research on specific concerns involved in the diagnostic and classification process.

Significance

Prior research illustrates and supports the claim that, unfortunately, the consequences of misdiagnosis may stem from an inability to define abnormalities and disorders properly. People's perceptions of normal, abnormal and disordered behavior are linked to one another in a way that implies a need to understand the basis for each perception before assigning labels or diagnoses. If people remember that the definition of "normal" is not set in stone, this could help avoid costly mistakes and consequences from misdiagnosis — such as social stigma, stereotypes, and discrimination. That said, the newly revised *DSM-V* has recently been released with some significant changes. The fact that the field of psychology still requires an updated classification system speaks to the fact that the perception of behavior as normal, abnormal, or disordered might always be open to change.

This paper provides a meta-analysis of other research studies that support the concept of a variable definition of "normal" and it also introduces several new concepts to clarify why this is so. It also provides examples of several factors often not taken into account by everyday people when psychologists are attempting to provide diagnoses based on the current ideas of when to classify behaviors as normal, abnormal, or disordered. These significant factors to consider include (among others) *consensus, legitimacy, causation, explanation, and confirmation*.

Research Question and Design

The question this study asks is this – if the definition of normal is not set in stone, what else (besides the current *DSM*) should be considered when attempting to define it? As this involves working on researching issues that pertain to psychology's ability to define normality and how it relates to (and differentiates from) both abnormal and disordered psychology, a meta-analysis of other studies will have a definite emphasis on demonstrating exactly how and why the definition of "normal" and its variability over time is important in psychology. Beyond that, the information I plan to obtain will include: general information pertinent to the field's ability to provide such distinctions, studies specifically targeting stipulations found in the *DSMs*, and research suggesting alternative views for addressing questions of normality.

To put the claim into context, this research will begin by providing an idea of the general discussion and background on issues with normality through a review of scholarly texts and articles emphasizing analysis of behavior and normality. However, in order to generate a successful argument for the claim that normality cannot have a set definition, this review will also focus on studies that re-evaluate, contradict and even criticize the generally accepted ideas of normality that are frequently cited in general reference texts, including past editions of the

DSM. This literature review of general and specific issues in psychological diagnostic assessment and what is found will show that many psychologists seem to back the idea that normality cannot have set, definitive boundaries due to: *diagnostic consensus* and *social legitimacy*, *causal classification*, the *explanation effect*, and *trait confirmability*. Thus, the validity of others' claims will ultimately support the claim for normality's lack of definition and the need for alternative measures of psychological diagnoses.

Literature Review

The Gale Encyclopedia of Psychology helps define the research claim with a detailed discussion of normality, normal distribution, and abnormal psychology. According to Bonnie Strickland (2013b), normal "represents the characteristics typical for...most members of a particular group", and the so-called norm is merely a statistical average that leaves us with a quantitative definition (p. 460). Furthermore, although the numbers may differ individually, the statistics are predictable as a group, and so are placed in normal distributions that are then used as measurements of behavior in psychology (Strickland, 2013c, p. 459).

It is worth emphasizing the cumbersome prevalence of statistics in the attempts to define normal. According to James J. Gallagher (1955) in "Normality and Projective Techniques", normality was best surmised as a "statistical point of view" even fifty years ago, with normal people seen as those who conform to the distribution mean – now referred to as the normal distribution (p. 259). Unfortunately, research shows that statistics appear to have maintained a central role in normality. W. John Livesley and Kerry L. Jang (2005) seemed to have noticed this troublesome reality when they published "Differentiating Normal, Abnormal, and Disordered Personality" and pointed out that "statistical evidence alone is neither a

necessary nor sufficient criterion for disorder" (p. 262). In other words, disorders cannot merely be defined by simple statistical variations. In order to properly validate the research claim, perceptions of normal, abnormal, and disordered psychology must all be taken into consideration.

Differentiating and Relating Normal, Abnormal and Disordered

Livesley and Jang's research study emphasizes the importance of differentiating between the three above classifications of personality. While the proposed project does not exclusively deal with the issues that come with attempting to diagnose personality disorders, in particular, the general idea of the article focuses on the differences between these three classifications in the overall sense of psychology. Throughout the study, the emphasis remains on the analysis of these set classifications and how they relate to one another. In their conclusion, Livesley and Jang (2005) surmise that in terms of personality, normal personality and personality disorder are "seen to reflect different levels of the same continua" (p. 265).

This ultimately hints at the apparent necessity of defining normal in terms of the abnormal. Strickland (2013a) describes abnormal behavior as that which is "considered maladaptive or deviant by the social culture where it occurs" (p. 1). Strickland (2013b) also contends that *without previously set standards, normal and abnormal are defined in terms of one another*.

Other research studies strongly suggest that there is a notable recurrence of this concept that normal and abnormal cannot be entirely separated from one another in our attempts to understand them. In "Understanding and Managing Abnormal Behavior: The Need for a New Clinical Science", Stravynski and Connor (1995) affirm that psychology has always attempted

to “relate abnormal to normal processes” (p. 605).

Likewise, in an article titled “Some Correlates of a Social Definition of Normal Personality”, Merl E. Bonney describes six current criteria for evaluating mental health versus mental illness, which include an awareness of the following conditions: whether or not someone is under psychiatric treatment, their social adjustment according to the norms, their psychiatric diagnosis, subjective estimations of their happiness, objective measurements of their personal adjustment, and evidence of their stress management and striving towards self-actualization (Bonney, 2006, p. 415). This exemplifies how abnormal is distinguished in terms of a social view of normal.

Modification of Definitions over Time and Studies that Target Specific Issues with the DSM Classification of Normal

To say that normality can have no set definition would suggest that it must be open to modification over time. In her article, “What is Wrong with the *DSM*?”, Rachel Cooper (2004) attempts to make a claim that there is no “tidy definition for ‘disease’” (p. 7). She cites the *DSM-IV* as putting a bit of a disclaimer on its definition of disorder, when it states that “no set definition adequately specifies precise boundaries for the concept” (p. 8). Cooper also makes a valid point when she notes that the definition of mental disorder originated from the mid-century debates over homosexuality, which continued until a noted psychologist insisted on including a condition of distress when defining disorders (Cooper, 2004, p. 6-7). Stravynski and Connor (1995) also use the example of homosexuality to demonstrate how an altered social definition is thus able to change official classifications (p. 605). It is safe to imply that such changes in perception may be responsible for current concepts of what it means to be normal. Several other

researchers were also able to generate such insight into how perceptions and definitions have thus far come about in psychology.

Now, as the current classification system of mental disorders, *The Diagnostic and Statistical Manual of Mental Health (Fourth Ed.)* – also known as the *DSM-IV* – provides an understanding of the *current* methods used to differentiate and diagnose behavior. Indeed, one of the many purposes of the *DSM* is to help psychologists classify disorders according to type. Note that the emphasis lies with mental disorders in the *DSM*. For the purposes of this research, the *DSM* serves only to provide background information and a record of current ideas on disordered psychology. A good way to overcome this limitation is to examine the studies that critique the *DSM*, itself.

Others’ responses to the *DSM* have proven more insightful than the actual text in some cases. In an article titled “Understanding and Managing Abnormal Behavior: The Need for a New Clinical Science”, Ariel Stravynski and Kieron O. Connor’s (1995) understanding of the *DSM* centers on the idea that classification systems are simply the results of a group of psychologists coming up with diagnostic criteria by the way of *consensus* (p. 605). This leads to the question of *social legitimacy* in the classification process. The authors believe that the legitimacy of abnormal labels really depends on a cultural consensus, not one formed by a select few professionals (Stravynski, 1995, p. 605). Stravynski and Connor are not alone in their criticism. In “The Categorical Representation of Personality Disorder: A Cluster Analysis of *DSM-III-R* Personality Features” Leslie C. Morey (1998) is quick to point out that, although many specific issues have been dealt with and changed in the *DSMs*, the underlying assumptions are still there.

Research Addressing Distinct Issues in Classification and Definition

Bonney (2006) notably lists 11 traits that supposedly differentiate those who are “normal” from those who are not, including “forthrightness and spontaneity” (p. 418). Now, whether or not these traits are actually legitimate tells for normal behavior is irrelevant. What is important, however, is this idea of using traits as a criterion in evaluating behavior. According to the APA (1994), traits are “enduring patterns of perceiving, relating to, and thinking about the environment and oneself that are exhibited in a wide range of social and personal contexts” (p. 630).

In an article entitled “The Confirmability and Disconfirmability of Trait Concepts Revisited: Does Content Matter?” Tausch, Hewstone and Kenworthy emphasize the important role of *trait confirmability* when examining behavior. According to Tausch et al. (2007), “trait ascriptions help people to explain others’ behavior, predict others’ future behavior, and guide their own behavior towards others” (p. 542). The authors explain how, simply because it is rewarded, socially desirable behavior occurs more frequently regardless of individual dispositions. This means that because of the high frequency of positive traits in society, they have little informational value to researchers. The research in this article not only led to the authors’ assertion that positive traits are difficult to confirm, but also to the belief that negative traits – while easy to acquire – are hard to lose, and that the opposite goes for positive traits (Tausch et al., 2007).

The article also gives an explanation for the *negativity bias*, which states that “negative events impact more heavily on impressions because they are in greater contrast when compared...they appear more extreme and novel than positive events” (Tausch et al., 2007, p. 543). The authors’ insist that it is instinctual to be more aware of potentially

threatening behavior, which results in a bias towards remembering negative traits (Tausch et al., 2007). So then, how can we define normal without first filtering it through the abnormal? Again, researchers have a hard time attempting to clearly define normal or abnormal without referencing the other.

There are several other issues in the attempts to classify abnormal behaviors. In “What Makes a Mental Disorder Mental?”, Jerome Wakefield (2006) defines “mental disorder” as a “harmful mental dysfunction...[which] is a failure of the capacity of some mental mechanism to perform a function for which it was biologically designed” (p. 123). His research focuses on the ineffectiveness of *causal classification*, which refers to when underlying dysfunctions are the terms by which a disorder is classified (p. 125). The problem here is that cause is often being confused with the definition. In their article, “Understanding Behavior Makes it More Normal”, Woo-Kyoung Ahn, Laura R. Novick, and Nancy S. Kim raise a similar concern with the *explanation effect*. According to the authors, this is when “providing explanations for abnormal behavior might make the behavior look more normal by making it appear more likely to occur or more prevalent” (Ahn et al., 2003, p. 746). In other words, an explanation of a behavior may lead to the false perception that the likelihood of an occurrence is high, and therefore normal.

Conclusion

This research was conducted in such a manner as to uncover the perception, not the definition, of “normal.” This is because common sense tells us that the perception, and therefore the definition, of normality has varied over time. A literature review of classification systems and *DSM* criticisms has revealed the reasons that there can be no set definition. Perhaps there is a statistical commonality or generality. Perhaps there is a

typical state of being given a particular situation. However, psychologists seem to agree that numbers and statistics are an insufficient way to measure normality in a general population due to underlying psychological factors in those who would be doing the measuring and classifying. Any definition of normal must remain open and available for change and continuous modification, as it is inevitably produced out of a necessity for a measurement or benchmark of something else — namely abnormal and disordered.

Previous research into the implausibility of adequately defining normality has generally failed to incorporate the variety of possible explanations. This study has gathered these ideas together in the hope that future research into diagnostic change takes them into account. Simply acknowledging the problem is not enough anymore and psychologists need to be encouraged to look beyond the traditional means of diagnosis.

Unfortunately, this usually does not happen until the public becomes more aware of the problem. Hopefully, this research will provide people with the means to better understand what goes into a psychological diagnosis and how easily it can go astray.

A broader implication of this research is that an understanding of the variability of normality could help reduce discrimination and psychological misdiagnosis by increasing public awareness about the normality inherent in abnormality. A potential limitation of this study is that, while the implications are worldwide, the sources are largely from western cultures. There has also not been a lot of research conducted yet on the new DSM-V. Perhaps future research can examine whether or not the newest edition has made any significant gains in developing more progressive diagnosis procedures that do not rely on the binary definitions of normal and abnormal.

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