

Slide 1

**NORMALITY / ABNORMALITY  
HEALTH / DISEASE**

**Prof. Dr. Doina Cosman**  
DR. OANA DOBRESCU

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Slide 2

**Conceptual models of diseases**

- **Biomedical model** by the end of the XIXth century beginning of the XX th one: biological determinism according to medical discoveries of Virchow and Pasteur.
- **Bio-psycho-social model** implies the multifactorial causes of a disease: specific biological elements combined with nonspecific ones, psycho-social

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**Biomedical Model**

- Considers only biological factors so very reductive
- Causal model linear type (germ-disease)
- Sustain the Cartesian dualism: soma/psyche
- Emphasize the disease estate
- Ignore the prevention
- Focused on sick organ, not taking into account the person as a whole
- The doctor is responsible for treating the disease

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**Biopsychosocial Model**

Derived from the general theory of systems

- **biological system** centered on anatomical, structural, molecular level and on the biological functioning of the patient
- **psychological system** centered on the role of motivation and personality upon the illness and patients' reactions to disease
- **social system** centered on cultural and familial influences on illness

Appear as a reaction to the biological model, characterized by:

- Multifactorial causes of diseases
- Psyche cannot be separated from soma
- Accent on health and disease
- Accent on treatment and prevention
- Organ's suffering induce personal suffering
- Responsibilities for prevention, treatment and recuperation is not only the doctor and the medical team, but also the patient, his family and the society

**So, the classical, biomedical model is unilateral and too restrictive, not taking into account the non biological variables**

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**NORMALITY/ABNORMALITY**

- **Normality**, is an abstract notion, used mainly in psychology in order to define a " complex functional and dynamic equilibrium in a totality of active interferences and interdependencies with the environment" (Saragea)
- This equilibrium results by the harmonic collaboration between different systems in the organism, according to its adaptive resources and compensating mechanisms, which varies from an individual to another and with age.

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- **Compensating mechanisms** intervene when excessive environmental solicitations (too intense, too long) and the organism's functional reserves are reduced or exhausted, so that the adaptive mechanisms could no longer maintain the equilibrium.
- If in the **adaptive processes** the functional reserves are used rationally and with economy, in the **compensating processes** the equilibrium is maintained with high energetic losses, increasing the loss of functional reserves, difficult to restore after while.
- *Even if compensating mechanisms can cover for a while the functional deficit of the body, giving the illusion of normality, in fact there is a disturbance of the functional processes leading to a state of inefficiency which can mark the beginning of a disease.*

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**Normality criterias**

- Statistical criteria (the norm, the media, the way of thinking, acting in a certain situation etc)
- Functional criteria (functioning according to his age and abilities)
- Adaptive criteria (the ability to adapt to his environment)
- Inter-personal criteria (ability to create good, stable relationship with other people)
- Cultural criteria (functioning according to the cultural norms)
- Moral criteria
- **Normality implies a dynamic adaptation to the changing environmental conditions, but also the variations from a media considered normal in the social, cultural milieu**

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**ABNORMALITY criterias**

- **Abnormality** was always defined as a deviation from the normality. This deviation can be positive, as in gifted, genius persons, or negative as in disharmonic, sick people.
- It can be also considered as a deviation from the statistical norm and implies a dysfunction, a sufferance at the psychological and social level.
- 4D criteria for abnormality:
  1. Deviation from norm
  2. Dysfunction (transgression of interpersonal norm)
  3. Distress (not always true: hypomanic states)
  4. Danger/Aggressiveness (in some groups aggressive traits seen as normal: policeman)

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**HEALTH/DISEASE**

- **Health defined as:**
- Integrity state,
- Absence of symptoms
- wellbeing
- ability to grow up and to learn (Ackerman 1961),
- capacity of auto actualization (Maslow),
- capacity to face the quotidian and its exigencies, inclusive to our own emotions (Goldenson 1970),”
- Ability to adapt flexible to our own conflicts (Krapf 1963)

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**HEALTH/DISEASE**

- At social level, Health implies:
  - Dominance of cooperation and competition between individuals and not of conflict ones;
  - Solving conflicts in peaceful ways
  - Maintaining an equilibrium between tolerance and punishment in controlling the group members;
  - Maintaining the cohesion of the group through attachment to common values and aims;
  - Right rapport between rewards and punishments
  - Preserving the emotional security;
  - Avoiding tensions which could induce disorders

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**HEALTH/DISEASE**

- WHO Definition of Health: state of psychological, somatic and social wellbeing that is subscribed to the more general term of normality.

It implies several perspectives:

- Subjective perspective, Health means an accord with oneself;
- Dynamic perspective: accordance between age and actual estate;
- Social perspective: the way that the others members of the group perceive the individual and the atmosphere they create around this person.

When one of this perspective is abnormal we are talking about an incomplete state of health which can go to recovery or disease.

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**Mental Health**

- For Adler , Mental Health means the capacity of individual to fulfill a social, professional, inter-personal role, to form a family with an opposite sex partner

To summarize:

- Mental Health is the result of interaction of individual and group factors, being conditioned by intellectual and affective qualities, inborn or acquired, permitting active social integration and adaptation of the individual to his environment.

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**DISEASE**

- Mental Disorder (disease) is seen as a disturbance at different levels of psychic structure;
- Appears after a period of normal functioning (Health);
- Induce an adaptive difficulty to personal and social level;
- Obstruct personal development, the ability to self fulfillment and creativity.

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**DISEASE COURSE (1)**

- Any disease implies an onset, an evolution and an end.
  - Onset can be seen from a clinic and physiopathological point of view. It can start with first symptoms or without symptoms but with physiopathological disorders not observed clinically. This imply the exhaustion of functional reserves of the body. Not always correlation between clinical beginning and the physiopathological one, especially in chronic disorders.
  - Generally speaking we are talking about acute, or over acute onset, linked with intensity, toxicity of the pathogenic agent or some disturbances in the body.
  - Under acute onset
  - Insidious onset, on days or weeks, sometimes years, when there is a struggle between adaptive processes and pathogenic agent.

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**DISEASE COURSE(2)**

- The period of disease: There is a characteristic evolution of the disease, when the etiopathogenic complex has the determinant role but the reactivity of the body influence the clinical presentation. This reactivity is also responsible for some nonspecific clinical presentations, seen especially in severe diseases and which can be more important in the prognosis of the disease than the diagnostic itself.

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**DISEASE COURSE(3)**

- The end of the disease. There are 3 possibilities: recovery, chronic evolution and death.
- Recovery means reestablishing integrally the functional and adaptive balance of the body. In this case there is a mobilization of defense mechanisms, trophic reconstruction, etc. There is a positive finalization of all processes taking place during the illness, but even when restituito ad integrum, the reactivity of the body is modified (see the antibodies produced during a contagious disease).
- Chronic evolution implies a partially recovery, when the equilibrium is very fragile, persisting some sufferance, waving evolution.
- Another possibility is the recovery with some defects, inducing sufferance, handicap, but without affecting the adaptive possibilities of the body.

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**DISEASE COURSE(4)**

- Clinical death of 5-6 min. induce a hypoxia and some irreversible lesions in central nervous system
- Biological death follows the lesions produced in clinical death.(Saragea)

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**Consequences of diseases**

- Somatic disturbances: pains, dyspnea, fever, cough, diarrhea, fainting, etc or minor symptoms normally neglected by the individual but overruled during the disease. Ex. Palpitations in a sick person with extra systolic ventricular arrhythmia
- Nonspecific somato-psychological disorders like: insomnia, anxiety, asthenia, inactivity, secondary to a disease and aggravating the course of this disease. Ex. anxiety in an asthmatic person could precipitate an asthmatic crises, insomnia to a cardiac person decrease the resistance to stress.
- Environmental modifications for the patient following hospitalization
- Relational modifications (emphasis on doctor-patient relationship, new relations patient-patient relationships), changing relations with friends, colleagues, etc.

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**Consequences of diseases**

- Behavioral modifications: affective and behavioral regression induced by psychological stress (exaggeration of his own suffering, demanding or crying tone of the voice, childish attitude as protective defense reaction) egocentrism, increase of the sensitivity, individual dependency on the doctor, dominance of affects such as crying, laugh, aggressiveness, anxiety, depression, magical thinking.
- Task evasion, social evasion especially in those individuals exaggerating the symptoms of the disease and diminish the favorable effects of the treatment.
- Exaggerating some narcissist traits especially in those patients with low social status, using the disease in order to draw attention upon him.
- Informational contagion from 'veterans'.
- Helping behavior among patients.

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