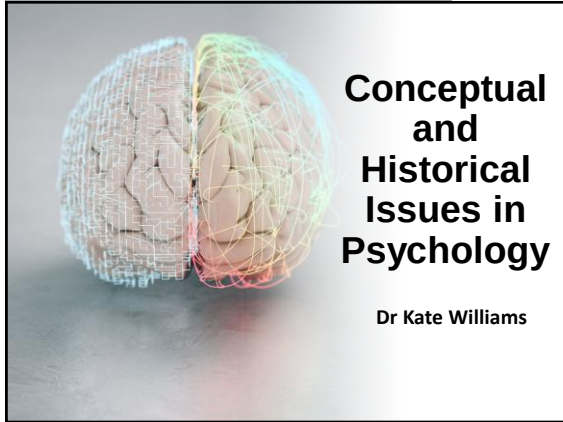




Conceptual and Historical Issues in Psychology

Dr Kate Williams

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WARNING!

Today's session will be discussing sensitive, ethically concerning, uncomfortable, and potentially upsetting topics.

We may be watching videos relating to classic ethically concerning studies.

These include potentially upsetting images, participants displaying distress, research with animals, and discussions related to traumatic research experiences.

If you do not feel this would be suitable, you are not expected to stay.

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Session Outline – Part 1:

Overview of Psychological Disorders

Historical Perspectives on Psychological Disorders

Defining and classifying Psychological Disorders

Models aiming to explain/understand Psychological Disorders

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Session Outline – Part 2:



Psychologists as Researchers



Examples of Classic Studies of Ethical Concern



Codes of Conduct and Ethical Guidelines



Bias in Psychological Theory and Research



Psychologists as Practitioners

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Overview of Psychological Disorders

Conditions characterised by certain thoughts, feelings, and behaviours.

Can impact ability to function in daily life, maintain relationships, and cope with stress.

Can affect people of all ages, backgrounds, and cultures.

Often diagnosed based on specified criteria.

But mental health exists on spectrum - experiencing symptoms does not always indicate disorder.

Diagnosis and treatment typically by mental health professional: psychiatrist, psychologist, counsellor.

Treatment may involve psychotherapy, medication, lifestyle changes, or combination of approaches.

Early intervention and support are crucial for managing disorders and improving overall well-being.

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Is there such a thing as “abnormality?”



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What is “abnormal”?

Abnormal means “different from norm”

• But does it reflect:-

1. Being **statistically** abnormal?

- i.e., further away from norm you are = greater abnormality?

• Implies supreme athletes are abnormal!

2. Being **psychometrically** abnormal?

- E.g., IQ of less than 70 = learning difficulties?

• What does this mean for the person?

• What about IQ score of 130?



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What is “abnormal”?



Abnormal means “different from norm”

• But does it reflect:-

3. **Utopian** model of abnormality?

- Humanistic (Maslow) – only those who “self-actualise” are free of mental health problems....
- So....are most of us abnormal??

4. Presence of **deviant behaviour**?

- But is all deviant behaviour negative and sign of mental health problem?
- Is all abnormal behaviour deviant?

None of these accurately or usefully define abnormal in terms of mental health!

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The Three “D’s”

More complex models generally consider a mental health problem when:

Deviance from the norm

Distorted psychological processes

Distress

Causes or is the result of distress

Dysfunctional

Out of ordinary dysfunctional response

These may generally hold true but not always - Cultural and societal differences:
E.g., Native American cultures see visions as a thing of power

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A (v. brief) historical overview of abnormality

- Early Eastern Cultures – abnormality as "madness" or "demonic possession"
- Hippocrates (1st Century BC)
 - Imbalance of four humours
- Middle ages
 - Demonic possession - Treatment through priests, whipping, etc.
- End of Middle Ages – "asylums" created - Cruel and inhumane
- 18th Century - Treatment becomes more humane
- Early 20th century: Medical Model vs. Psychological Model
- Late 20th/21st Century: Care in Community where possible

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Labelling and Stigma

- Odd/Eccentric/Mad/Nutter/Mentally Ill
 - Nature of any label given has powerful implications!
- **Term “Abnormal” no longer appropriate to use!**
- **Classic Study:** Rosenhan, D.L. (1973). On being sane in insane places. *Science*, 179, 250-8

“If sanity and insanity exist, how shall we know them?”
Rosenhan (p.250)

Is sanity in the eye of the beholder?

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On being sane in insane places: Rosenhan (1973)

Research Questions

If “normal” people attempt to be admitted to psychiatric hospitals, will they be detected as sane, and if so, how?

How important is environment and context in classifying people as “abnormal”?

Method

8 “pseudo patients”

- Psychiatrically “normal” people: psych student, 3 psychologists, paediatrician, psychiatrist, painter, housewife

Attempted to get admitted to 12 different hospitals in US

Simulated existential crisis re: how meaningless their life was

- Hearing voices “empty”, “hollow”, “thud”

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On being sane in insane places: Rosenhan (1973)



Pseudo patients provided false names/jobs, but all other details true, including significant life events, etc.



All were admitted, and then stopped simulating symptoms



Participated in ward activities, writing notes, etc.



Each had been told they would have to convince hospital staff they were sane to get out of the hospital

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RESULTS



All tried to get discharged immediately



7/8 diagnosed with schizophrenia despite not simulating symptoms



Retained in hospital between 7 and 52 days (average 19)



Discharged with "schizophrenia in remission"



38/118 real patients suspected they were sane, but no hospital staff did

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Critical Discussion



Were pseudo patients acting "normally"?

Anxious/desperate to get out?
Reactions to a strange situation?



How was experience of pseudo patients different from real patients?



Were hospital staff "playing it safe" in diagnosis?



Ethics



Deception of hospital staff



Subsequent mental health of pseudo patients?

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Follow-up study

- New hospital informed of findings from original study, and told that over course of next 3 months, one or more pseudo patients would attempt admission
- Staff to rate on 10-point scale likelihood of each new admission being pseudo patient
- During study time, 193 patients admitted:
 - 41 confidently alleged to be impostors by staff
 - 23 suspected as fake patients by 1 psychiatrist
 - 19 suspected as fake patients by one psychiatrist and a staff member
- However - **no** pseudo patient attempted admission – **all were genuine patients!**



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Medical Model

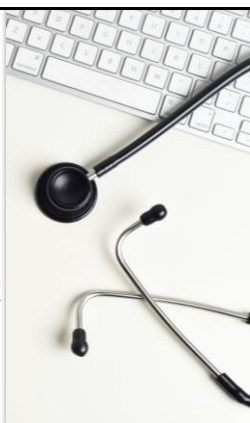
- An illness, needs to be physically treated
- Results from biological disorders of the brain and treated primarily through drugs
- Stems from work of Kraepelin – 1st textbook of Psychiatry (1883):
 - Certain groups of symptoms occur sufficiently often to be called disease or syndrome – underlying physical cause.
 - Regarded each mental illness as distinct
 - Proposed two major groups of serious mental disease:
 - Dementia praecox caused by chemical imbalance
 - Manic-depressive psychosis caused by faulty metabolism.



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Classification and Diagnosis of Psychological Disorders

- Classification system required to understand nature, causes, diagnosis, and treatment of Psychological Disorders.
- Requires **reliability** and **validity** to be scientifically and practically useful.
- Two major classification systems:
 1. [The World Health Organisation \(WHO\) International Classification of Diseases \(ICD\)](#)
 2. [The American Psychiatric Association \(APA\) Diagnostic and Statistical Manual \(DSM\)](#)
- Both undergo continual revisions



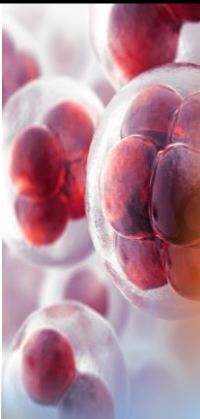
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DSM classification system	
Advantages:	Disadvantages:
Simplicity of definitions and classification Dichotomous outcomes: either has illness or not Reliable diagnoses consistent within/across countries • People will receive same diagnosis/treatment • Particularly important for drug therapies	Dichotomy difficult to sustain – anyone may occasionally experience symptoms diagnosed as mental health issue – continuum Diagnosis not always clear cut Validity of some classifications questioned. Clinicians may bring own biases when faced with uncertainty Ignores cultural/societal differences

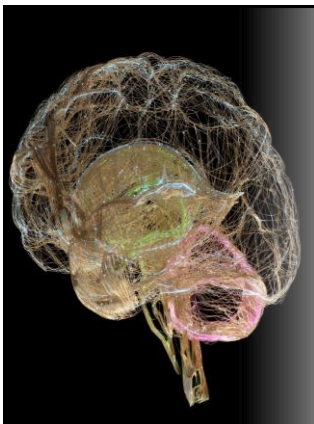
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Genetic Models

- Implicated in several mental health conditions
 - Mostly associated with recessive genes: both parents carry gene
- Family/Twin studies look at whether those with similar genotypes are more likely to be affected
 - MZ twins more likely to develop disorder than DZ twins
 - MZ twins have higher concordance rate than DZ twins
 - Due to shared environment, most studies look at twins who have been separated at birth.
- **However:**
 - Even if **shared environment** removed, twins have still shared same prenatal experience and tend to be treated similarly even in different homes.
 - Now, statistical modelling allows measure of exact contribution of genetic, family, & environmental factors
- **Lack of absolute determinism**
 - Not everyone with a certain gene develops a disorder
 - People without a certain gene develop the disorder



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Biological Models

- Propose biological explanations of mental health based on **brain systems** and **neurotransmitters**
- Disruption to neurotransmitters results in inappropriate mental processes
- **Hormones** also involved in some disorders such as SAD (melatonin).
- Problems with development of brain may be implicated in schizophrenia

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Psychological Models



Focus on internal mental processes that influence mood and behaviour



No single explanatory paradigm (as you know by now!)

Freud & Psychoanalysis (1900s)
Behaviour Therapy (1950's/1960s)
Humanistic Therapy (1960's)
Cognitive Behavioural Therapy (1970's), and lots of others...



Some suggest emotions are result of cognitive interpretation of physiological arousal – e.g.,
Schacter and Singer Two-factor theory

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Socio-cultural Models

- Consider social factors as contributing to development of mental health problems
- Jenkins et al. (1998): British Psychiatric Morbidity Survey
 - Many different social and cultural variables associated with mental health problems
- Socio-economic status differences
 - Social drift, social stress, lack of resources
- Gender differences
 - Willingness to express distress
 - Role strain
- Minority status
 - Prejudice, culture transitions, confound with social class



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Systemic Models

Mental health problems stem from faulty family systems

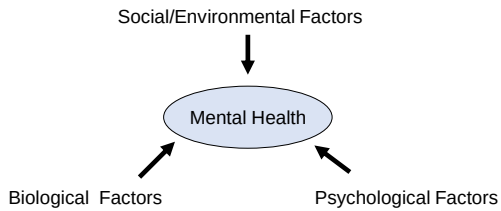
- Individuals within a family form an interacting system, each of which has a reciprocal influence on each other

Role of negative expressed emotion implicated in development of schizophrenia

Development of anorexia in young women often linked to dysfunctional family systems

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The Biopsychosocial Model



Brings all possible factors together in one model

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The Biopsychosocial Model

- ✓ Acknowledges interacting influence of all possible variables
- ⌚ Previously, biological models seen "in opposition" to psychological models
- 💡 Instead offer different levels of explanation – biological processes underpin all behaviour, but behaviour driven by psychological processes
- 🧠 Similarly, psychotherapy can alter brain processes, and pharmacotherapy alters cognitions and behaviours
- 👥 Also need to be aware of societal and cultural influences

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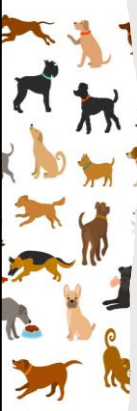
Examples of Classic Psychological Studies of Ethical Concern

The Monster Study (1939) by Wendell Johnson and Mary Tudor.

- Aimed to investigate development of stuttering in children.
- 22 orphaned children, divided into two groups.
 - Exp. group - children who showed no signs of stuttering.
 - Control group - children who were already stutterers.
- Used negative reinforcement to induce stuttering in Exp. group.
 - Subjected to speech therapy with criticism and told they had speech problems.
 - Intention to create self-fulfilling prophecy - negative feedback would lead to develop stuttering.
- Study was not published in scientific journal, and results not widely known.
- Only came to light when documents were discovered, illustrating importance of ethical considerations in research involving human participants.
- Contributed to development of ethical guidelines and regulations to protect well-being of participants in psychological studies.



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Examples of Classic Psychological Studies of Ethical Concern

Learned Helplessness: Martin Seligman (1960s)

- Subjected dogs to uncontrollable and inescapable electric shocks.
- When given opportunity to escape by jumping over barrier, dogs did not attempt to avoid shocks.
- Cognitive Aspect: Individuals who experience repeated failure may develop pessimistic explanatory style, attributing negative events to internal, stable, and global factors.
- Depression and Mental Health: learned helplessness could be precursor to depression, and those who develop pervasive sense of helplessness may be more susceptible to mental health issues.
- Interventions and Coping Strategies: By fostering optimistic explanatory style and providing individuals with sense of control and mastery over their environment, psychologists aim to prevent or alleviate learned helplessness.

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Examples of Classic Psychological Studies of Ethical Concern

Stanford Prison Experiment (1971): Philip Zimbardo.

- Aimed to investigate psychological effects of perceived power.
- Participants randomly assigned to play role of prisoners or guards in simulated prison environment.
- Study was intended to last two weeks but terminated after only six days due to severe ethical violations.
- Guards engaged in abusive behaviour, and participants suffered emotional distress.
- [Stanford Prison Experiment](#)

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Examples of Classic Psychological Studies of Ethical Concern

Harry Harlow's Monkey Experiments (1950s-1970s):

- **Maternal Separation: Research:**
 - Separated infant monkeys from biological mothers shortly after birth.
 - Provided two surrogate mothers, one of wire providing food, and other covered in soft terry cloth but did not provide food.
 - Infant monkeys preferred surrogate mother covered in soft terry cloth.
 - Suggests comfort and contact comfort, rather than just provision of food, were crucial for psychological well-being of infant monkeys.
- **Isolation and Social Deprivation Research:**
 - Some monkeys kept in isolation for varying periods of time, experiencing no social contact with other monkeys or surrogate mothers.
 - Demonstrated severe psychological and emotional consequences for monkeys subjected to social isolation. Exhibited signs of distress and difficulties in social interactions when reintroduced to other monkeys.
- Implications for understanding attachment, maternal bonding, and social development
- Highlighted importance of social and emotional connections in early development and challenged belief that infants form attachments based on provision of basic needs.
- [Harlow's Monkey Experiments](#)

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Codes of Conduct and Ethical Guidelines

- Psychologists must adhere to codes of conduct and ethical guidelines to ensure well-being and rights of individuals involved in psychological research or treatment.
- Specific code of conduct may vary by country or professional organisation, but several principles are commonly emphasised across different guidelines.
- Examples of such professional organisations include:
 - The American Psychological Association (APA)
 - The British Psychological Society (BPS)

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The British Psychological Society (BPS)

- Professional body for psychologists in UK.
- Founded in 1901 and chartered in 1965.
- Registered charity and enhances high standards of professional practice and promoting well-being of individuals through application of psychological knowledge.
- What they do/offer:
 - Networks and communities
 - Information on Careers and Education
 - Help with finding a Psychologist
 - News and Events
 - Publish the Psychologist magazine and Research Digest
 - Provide useful resources – guidelines, policies, journals, etc.



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BPS – Ethics Guidelines

- See webpage for full list of [Guidelines and Documents](#)
- Key Guidelines:
 - BPS Code of Ethics and Conduct
 - BPS Code of Human Research Ethics
 - BPS Ethics Guidelines for Internet-Mediated Research
 - BPS Guidelines for Psychologists working with Animals
 - BPS Practice Guidelines
- All have quinquennial (5 year) review cycle.
- Interim review any time but usually after 2.5 years, to ensure no major changes in evidence, legislation or practice.
- Outcome may mean document is archived, revision or rewrite is commissioned or remains live as no significant changes to evidence, legislation or practice.
- Reviews led by BPS staff and members with expertise in relevant area.



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BPS Code of Ethics and Conduct (2021)			
Based on four key ethical Principles, which constitute main domains of responsibility within which ethical issues are considered.			
Respect	Competence	Responsibility	Integrity
Privacy and confidentiality; Respect; Communities and shared values within them; Impacts on broader environment – living or otherwise; Issues of power; Consent; Self-determination; Importance of compassion, including empathy, sympathy, generosity, openness, distress tolerance, commitment and courage	Possession or otherwise of appropriate skills and care needed to serve persons, peoples and organisations; Limits of competence and potential need to refer to another professional; Advances in evidence base; Need to maintain technical/practical skills; Matters of professional ethics and decision-making; Limitations to competence taking mitigating actions as necessary; Caution in making knowledge claims.	Professional accountability; Responsible use of knowledge and skills; Respect for welfare of humans, non-humans and living world; Potentially competing duties.	Honesty, openness and candour; Accurate unbiased representation; Fairness; Avoidance of exploitation and conflicts of interest (including self-interest); Maintaining personal and professional boundaries; Addressing misconduct.

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BPS Code of Human Research Ethics (2021)	
When conducting research, BPS guidelines state that Psychologists must ensure wellbeing of participants over all else.	
Core Ethical Principles for conducting research with humans:	
• Respect for autonomy, privacy and dignity of individuals, groups, and communities. • Scientific integrity • Social Responsibility • Maximising benefit and minimising harm - Beneficence	
These principles link to the following aspects when conducting research:	
• Risk – to participants, researchers, and institutions • Informed consent – participants must understand nature (i.e., be fully informed) of their participation • Confidentiality – researchers must keep participant information private • Deception – can be used in some circumstances BUT must be justified and necessary • Debriefing – Informing participants of study aims and purpose after participation • Protection • Research Ethics Committee (REC) – review and approve research as relevant • Giving Advice • Research with individuals in a dependent or unequal relationship	

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Socially Sensitive Research

...studies in which there are potential social consequences or implications, either directly for the participants in the research or for the class of individual represented by the research....

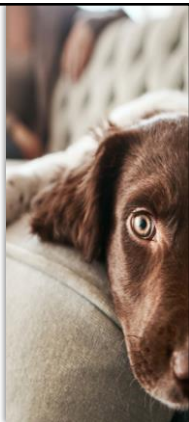
Sieber and Stanley (1988)

Protecting the individual versus harming the group

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Psychologists Working with Animals

- For research purposes
- In practice (e.g., therapy)
- To advise on animal psychology
- Raises issue of animal suffering/feeling pain
 - Arguments for and against based on whether animals are considered sentient
- Moral choices – does animal suffering outweigh suffering of human?



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Bias in Psychological Research

- Systematic errors or distortions in design, conduct, and interpretation of studies leading to inaccurate or unfair conclusions.
- Can occur at various stages and result from factors like researcher's perspectives, methodological choices, or societal influences.
- **Selection Bias:** participants not representative of larger population, leading to results that may not generalise beyond the sample.
- **Sampling Bias:** method used to select participants favours certain characteristics over others.
- **Confirmation Bias:** researchers unconsciously favour information that confirms pre-existing beliefs or hypotheses.
- **Observer Bias:** researchers, consciously/unconsciously, influence participants or study outcome.

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Bias in Psychological Research

- **Publication Bias:** tendency to publish studies with significant or positive results.
- **Cultural Bias:** theories or assessment tools developed based on one culture not applicable or valid in other cultural contexts.
- **Recall Bias:** when participants' recollection of events is influenced by current knowledge or experiences, leading to inaccurate reporting.
- **Experimenter Bias:** when experimenter's expectations or beliefs about the study influence participants or outcomes.
 - How can this be circumvented?:
 - **Double-blind study:** where neither the participants nor the researchers are aware of who is in receipt of treatment.
- **Ethical Bias:** when ethical considerations are not adequately addressed, leading to potential harm to participants or lack of informed consent.

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Interactive Task: Mock Ethics Panel

- For this task, you will be taking on the role of an ethics panel.
- You will be provided with summaries of different studies, which have been submitted to your ethics panel for consideration.
- In groups of 4-5 people, read and discuss these summaries considering the following:
 - What are the ethical issues raised by this study?
 - Consider the sample and how they are to be recruited, informed consent, methods, problems that may arise, confidentiality, and potential benefits.
 - Consider aspects that may be ethically commendable as well as ethically dubious.
 - Would you give ethical clearance for the study to go ahead? If not, why not?
 - Are there any additional procedures that you would insist on to ensure the study is ethical before giving approval?



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Psychologists as practitioners

Apply knowledge of psychology to help individuals, groups, or organisations overcome challenges and improve mental health and well-being.

Clinical Psychologists:	• Assessment and treatment of mental disorders and emotional difficulties - anxiety, depression, schizophrenia, etc. • Cognitive-behavioural therapy, psychoanalysis, and humanistic therapy, to help clients cope and overcome challenges.
Counselling Psychologists:	• Focus on helping individuals deal with everyday life issues, such as stress, career choices, relationship problems, and personal growth. • Work in educational settings, career counselling centres, or private practice.
Educational Psychologists:	• Support students' academic achievement and social-emotional development. • Assess students for additional learning support needs to create a positive and supportive learning environment.
Industrial-Organizational Psychologists:	• Apply psychological principles to workplace settings. • Involved in employee selection, training, performance evaluation, and organisational development to enhance productivity and employee satisfaction.
Forensic Psychologists:	• Apply expertise to legal and criminal justice settings. • Assess individuals involved in legal cases, provide expert testimony, and assist with jury selection, as well as work on issues related to criminal behaviour and rehabilitation.
Health Psychologists:	• Study interplay between psychological factors and physical health. • Work in healthcare settings, helping individuals manage chronic illnesses, adopt healthier lifestyles, and cope with psychological aspects of medical conditions.
Research Psychologists:	• Engage in research to advance the understanding of human behaviour and mental processes. • While not typically considered practitioners in traditional sense, work contributes to development of evidence-based interventions and treatments used by practitioner psychologists.

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Psychologists must always be aware and consider own biases and prejudices to ensure objective and fair treatment of clients and participants is upheld.



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