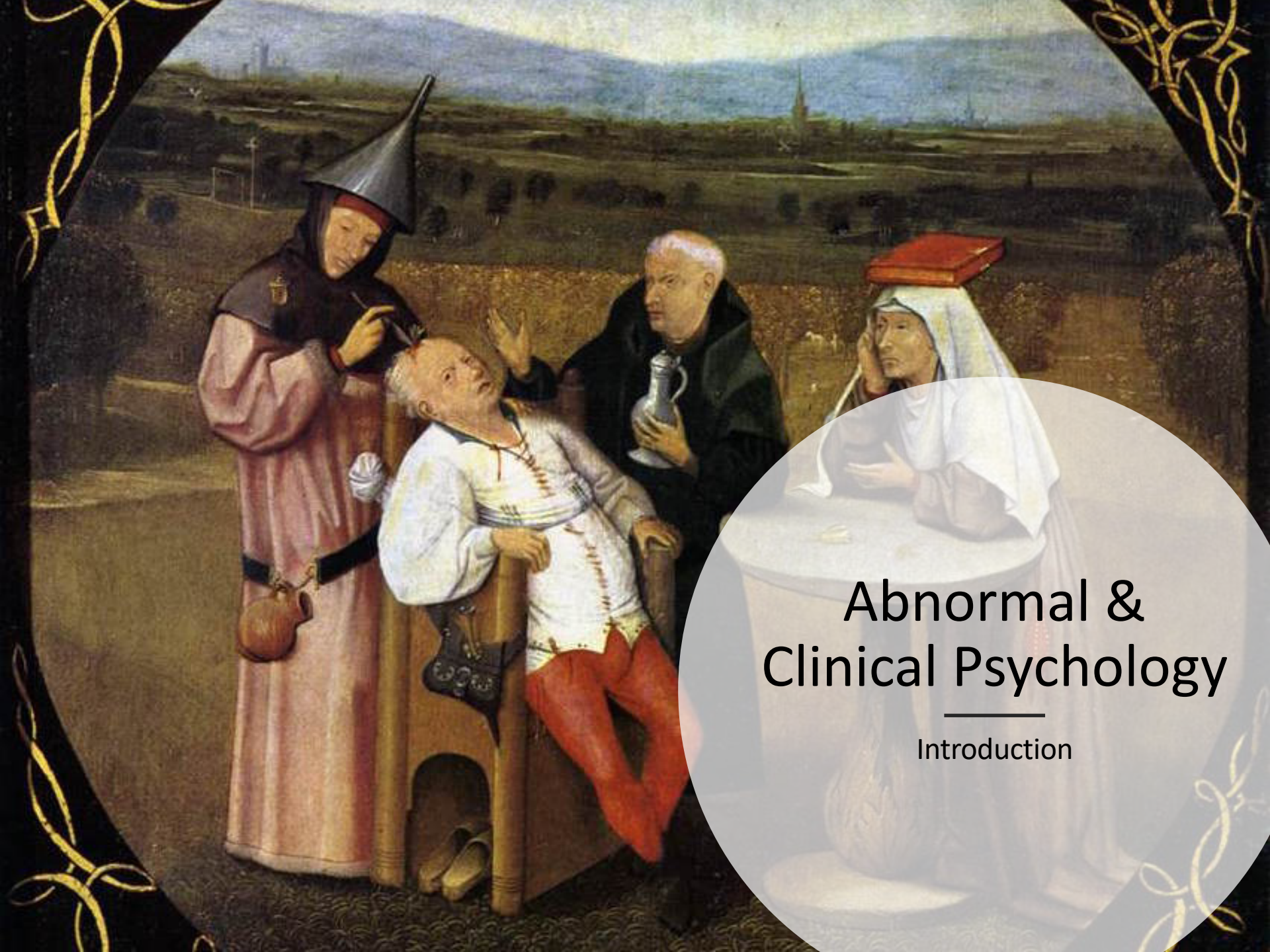


Abnormal & Clinical Psychology

Introduction

Learning Outcomes

- critically discuss the relative importance of biological, psychological and social causes for a range of mental health problems;

- employ evidence-based reasoning in order to critically evaluate the effectiveness of treatments for a variety of mental health problems;

Learning Outcomes

- demonstrate a critical awareness of current debates and controversies in the field of Clinical Psychology; and

- the ability to present work to a professional standard suitable for an academic audience through appropriate media.

Critical Analysis at Level Six

- Use of empirical evidence to evaluate theories
- Consider alternative theories and arguments
- Evaluate strengths and weaknesses of the evidence and the theories
- Use contrasting evidence and arguments
- Critical evaluation of the work
- Limited use of secondary sources (textbooks)
- Primary sources (journal articles) should provide the key features of your work
- Depth to your arguments

Module Overview

- Eating disorders
- Anxiety and mood disorders
- Psychosis and schizophrenia spectrum disorders
- Personality disorders
- Substance use disorders

Assessment

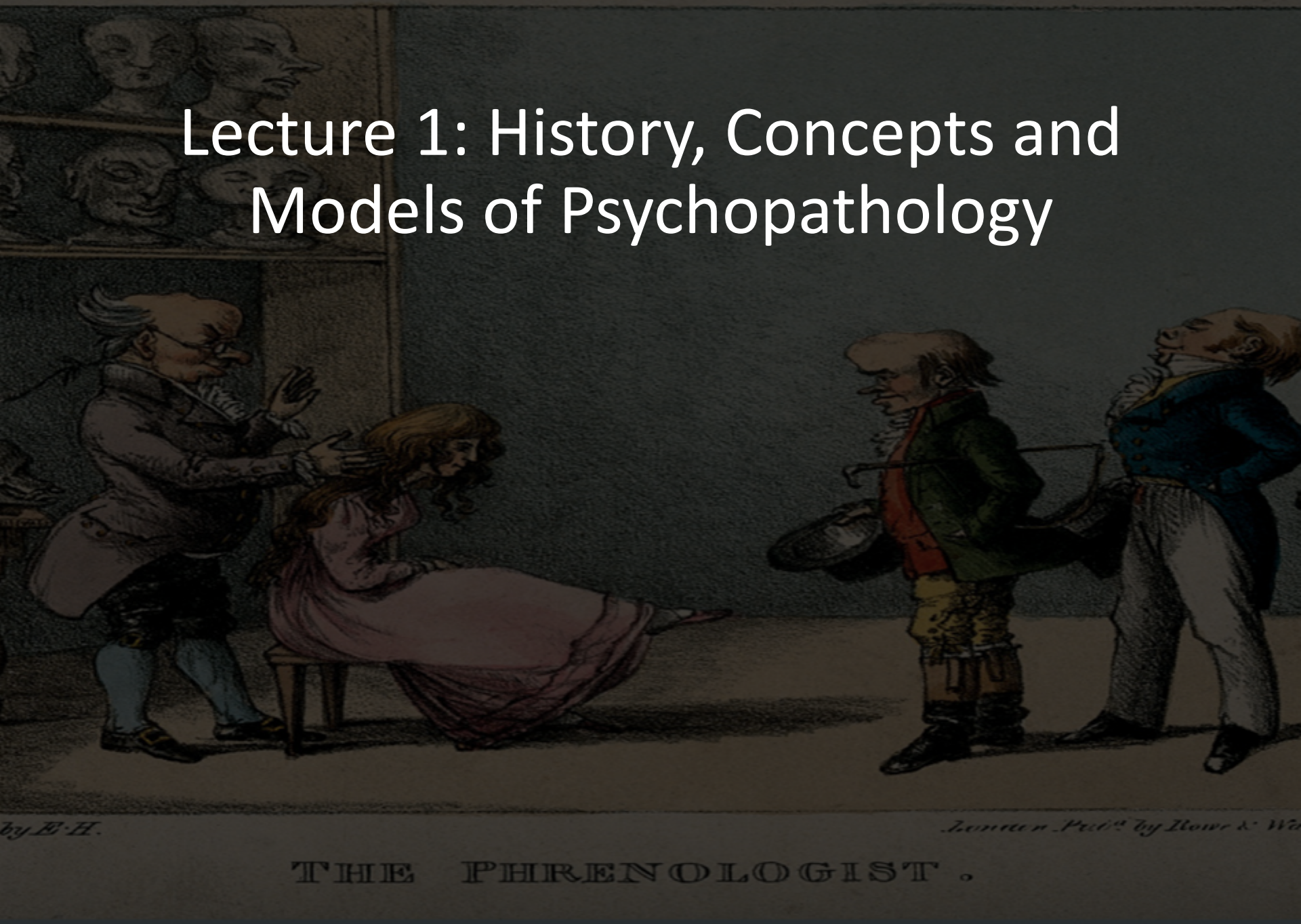
Assessment Component 1 – 50%

Written Assignment (2,500 words): This written assessment will require students to produce a case formulation supported by empirical evidence relating to a specific mental health disorder.

Assessment Component 2 – 50%

Two hour long answer examination: this exam will enable students to demonstrate critical awareness of wider debates in the field of abnormal psychology in relation to the aetiology of mental health disorders.

Lecture 1: History, Concepts and Models of Psychopathology



Key Terms

- Abnormal behaviour/abnormality
- Psychopathology
- Mental illness
- Distress

What is Psychopathology?

- Deviation from the statistical norm
- Deviation from social and cultural norms
- Maladaptive and dysfunctional (harmful) behaviours

The Four D's

Deviance from the norm	Distress	Dysfunctional	Dangerous
• Distorted psychological processes	• Causes or is the result of distress	• An out of the ordinary dysfunctional response	• May place themselves in danger

Culture & Mental Health

"The discourse on 'culture' that is applicable to mental health mainly concerns the culture of the individual because of the emphasis on the individual in the (western) interpretation of 'mental health'…But even here it is recognized that individual culture rests on a bed of traditional family culture, the culture of the community they are part of, the wider body of people they felt attached to, the regions(s) the live in and even perhaps the 'imagined communities' they are connected to. These ramifications of culture determine to a large extent people's behaviour, and more generally, their social systems, religious systems and beliefs, worldviews and, most important of all…their concept of the human condition, the meaning of life itself" (Fernando, 2014, p. 13).



Culture & Mental Health – What's the relationship?

- *Culture* influences definitions of mental illness.
- Cultural beliefs guide our reasoning regarding how we should address mental health problems.
- *Culture* accounts for variation in how service users communicate their symptoms and which one they report.
- *Culture* influences expectation between the clinician and service users (e.g. different assumptions about what a clinician is supposed to do, how a service user should act and what treatments are available).

Culture & Mental Health – What's the relationship?

- *Culture* influences what type of coping styles and social supports people have.
- *Culture* dictates how much stigma is attached to an illness.
- *Culture* relates to how people cope with everyday problems and types of adversity.
- Some aspects of *culture* also underlie culture-bound syndromes.

Brief Historical Overview

- Early Eastern Cultures – abnormality as "madness" or "demonic possession"
- Hippocrates (1st Century BC)
  - Imbalance of the four humours
- Middle ages
  - Demonic possession (again)
  - Treatment through priests, whipping,
- Towards end of Middle Ages – the first "asylums" were created
  - Often cruel and inhumane
- 18th Century
  - Asylums and treatment of patients with mental health problems started to become more humane

- Evidence of trepanning in Prehistoric times
- Ancient Egyptians prescribed recreational activities for treatment of mental illness.
- 15 00 BC Ebers Pyparus (Egyptians): Described depression and schizophrenia.

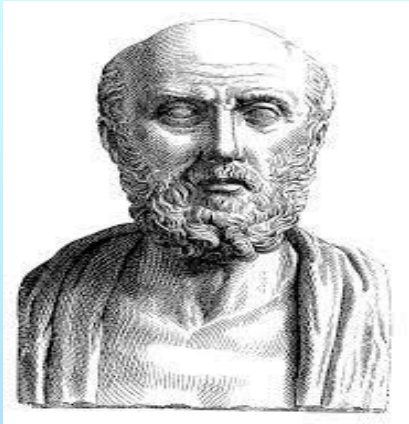




- 450 BC Hippocrates: Moved a way from supernatural to rational explanation of causation – brain is the centre of madness

- 280 BC Theophrastus: 28 types of personalities or temperaments

- 270 BC First Psychiatric Hospital (Bagdad)





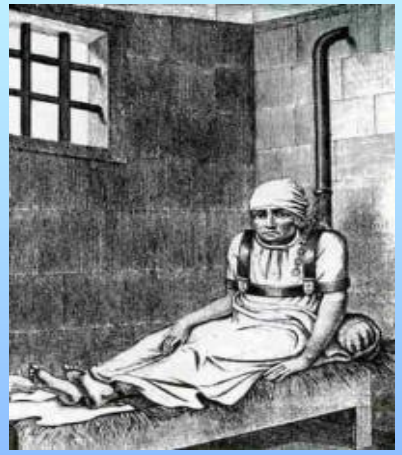
- 5th – 16th centuries AD: Religious explanations of madness were popular
- 1637 Descartes "Discourse de la Methode": body is something different from the mind – madness as a problem of rationality
- 1650—1950: The Asylum Era



St Mary of Bethlehem (1247-1676)



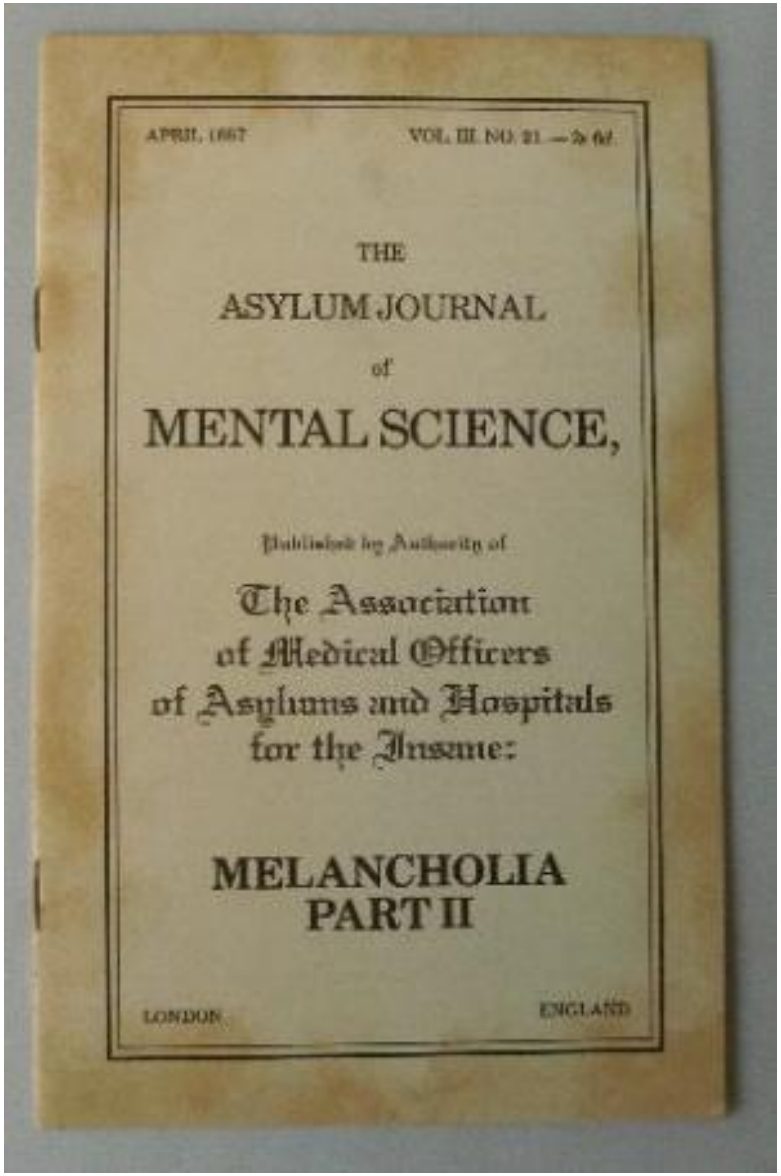


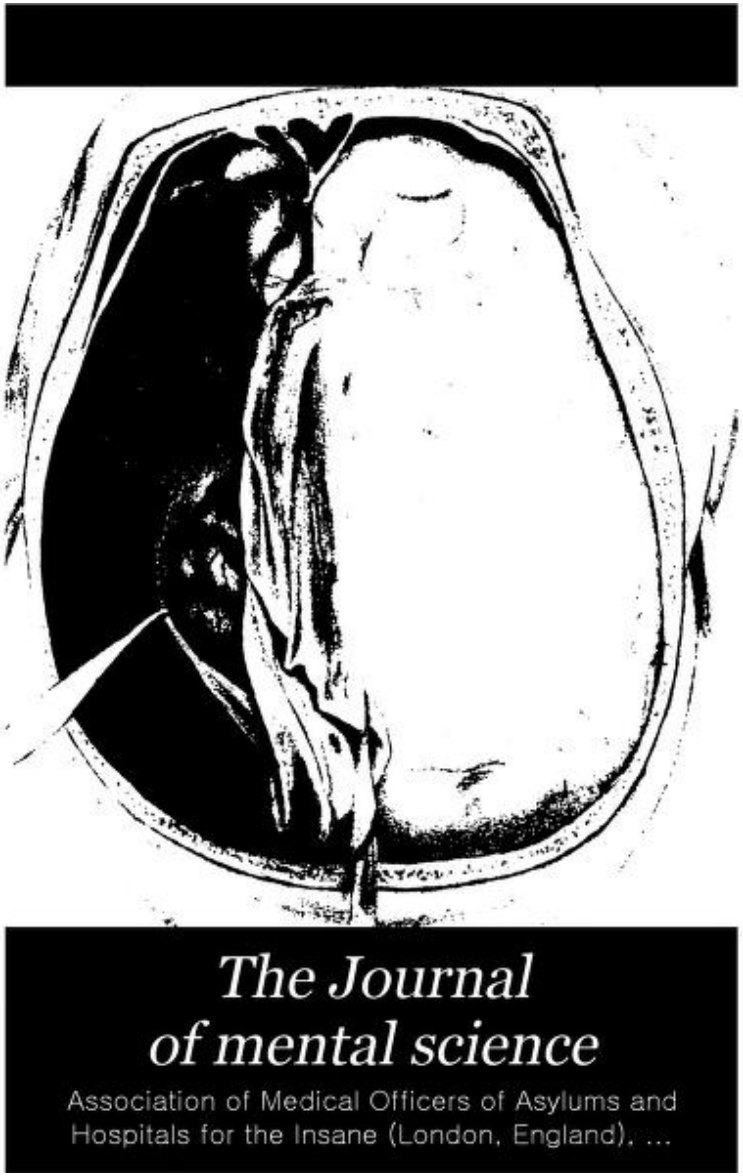





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APRIL, 1857
VOL. III. NO. 21.
THE
ASYLUM JOURNAL
of
MENTAL SCIENCE,
Published by Authority of
The Association
of Medical Officers
of Asylums and Hospitals
for the Insane:
MELANCHOLIA
PART II
LONDON
ENGLAND


The Journal
of mental science
Association of Medical Officers of Asylums and
Hospitals for the Insane (London, England), ...



(1900-1940)

- Rise of diagnostic classification
- Birth of psychological therapies
- Tavistock Clinic was founded in 1920 (London) to practice psychoanalysis
- J. B. Watson and Behaviourism (1920)
- 1935 Alcoholics Anonymous founded in the USA
- Prefrontal leucotomy (1936)
- Electro-convulsive therapy (1938)

(1950-1970)

- 1951 Carl Rogers publishes *Client-Centered Therapy*
- 1952 American Psychiatric Association publishes DSM
- 1953 B F Skinner publishes *Science and Human Behaviour*
- 1956 Gregory Bateson describes the double-bind theory
- 1961 key publications by R D Laing, Thomas Szasz, Michel Foucault, and Erving Goffman
- 1962 Albert Ellis publishes *Reason and Emotion in Psychotherapy*

(1970-2007)

- 1972 Mental Patients Union founded in London
- 1975 Aaron Beck publishes *Cognitive Therapy and the Emotion Disorders*
- 1977 Clinical psychology services are no longer dependent on psychiatrists for referrals of patients – The Trethwan Report
- 1983 new Mental Health Act is enacted
- 1987 Roy Porter publishes *A Social History of Madness: Stories of the Insane*
- 1988 Hearing Voices Network established in the UK
- 1990 the "decade of the brain"
- 2007 A new Mental Health Act in England and Wales

Medical Approaches (Somatogenic)

- Psychopathology as "an illness" which needs to be physically treated
- Psychopathology results from biological disorders of the brain
- Psychopathology treated primarily through pharmacological treatments



Psychogenic Approaches

- Psychopathology results from psychological causes:
  - Mesmer (1770's), Charcot & Freud
  - Rogers & Humanism
  - Behaviourism & Cognitive Behavioural Therapy (Eysenck, Beck, Meichenbaum)
- Different psychological/psychotherapeutic models based on these different approaches (e.g. behaviourism, psychodynamic theory, humanistic theory).

Dimensional Approaches

- Rejects all-or-nothing approach of diagnostic classification system
- Rejects assumption that the mental states of people with mental health problems are qualitatively different from the "normal population"
- People with mental health problems better considered at extreme end of a normal distribution.

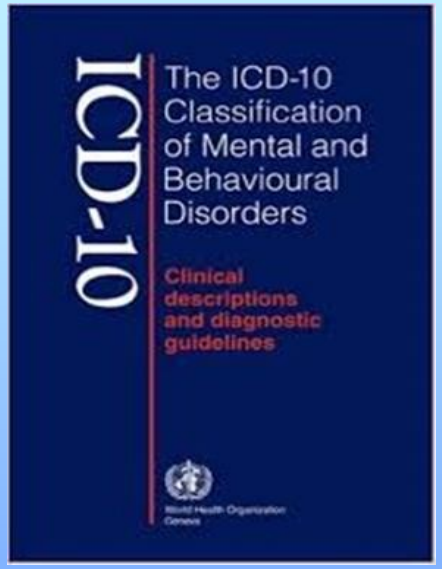
Classification of Psychopathology

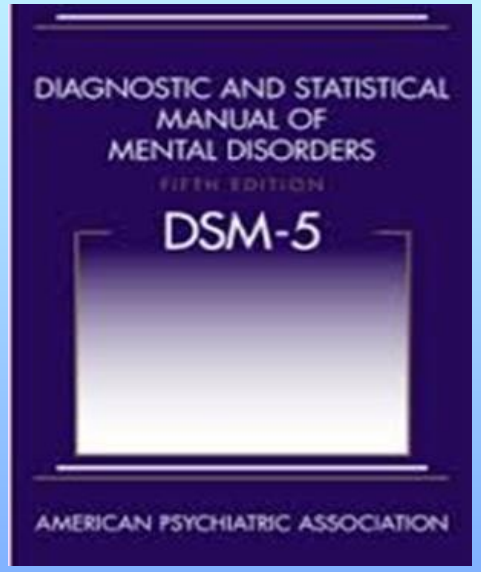
- Diagnostic Classification Systems
  - Kraepelin (1880s) – described a number of syndromes with specific symptoms
    - Formed basis of WHO's International Classification of Diseases (ICD: WHO 1992)
    - Currently in its 10th revision
  - Diagnostic and Statistical Manual
  - Developed by American Psychiatric Association
    - Most commonly used system for diagnosing mental health problems.

Diagnosis and Classification

- Defining and diagnosing psychopathology – why?
- What are the differences between diagnosis in psychiatry and general medicine?
- Problems with diagnosis and the consequences for service users

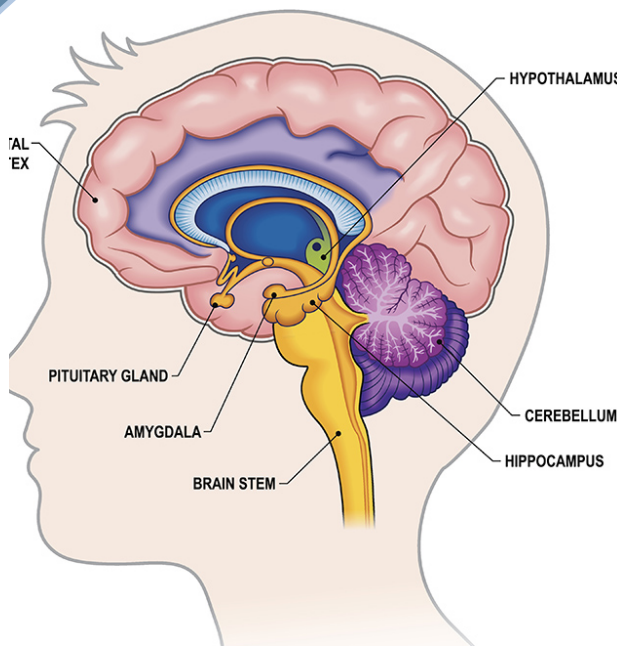
Diagnosis and Classification





Biological Models

- Genetic factors now being implicated in a number of mental health conditions (e.g. behavioural genetics)
- Family or twin studies
- Diathesis-stress model
- Heritability (molecular genetics)
- Lack of **absolute determinism**



Biological Models

- Propose biological explanations of mental health problems based around brain systems (e.g. limbic system) and neurotransmitters (e.g. dopamine, serotonin).
- Disruption to neurotransmitters results in inappropriate mental processes
- Hormones also involved in some disorders such as seasonal affective disorder (melatonin).

Biological Models - Critique

- Mental health problems cannot always be reduced to biological explanations.
- Biological systems are continuously open to social and relational influences.
- "Biology…always plays a part in our experience - but it is never separate, in principle or practice, from other influences." (Cromby, Harper, & Reavey, 2013, p. 100).

Psychological Models

- Focus on internal mental processes that influence mood and behaviours
- No a single explanatory paradigm:
  - Freud & Psychoanalysis (1900s)
  - Behaviour Therapy (1950's/1960s)
  - Humanistic Therapy (1960's)
  - Cognitive Behavioural Therapy (1970's)

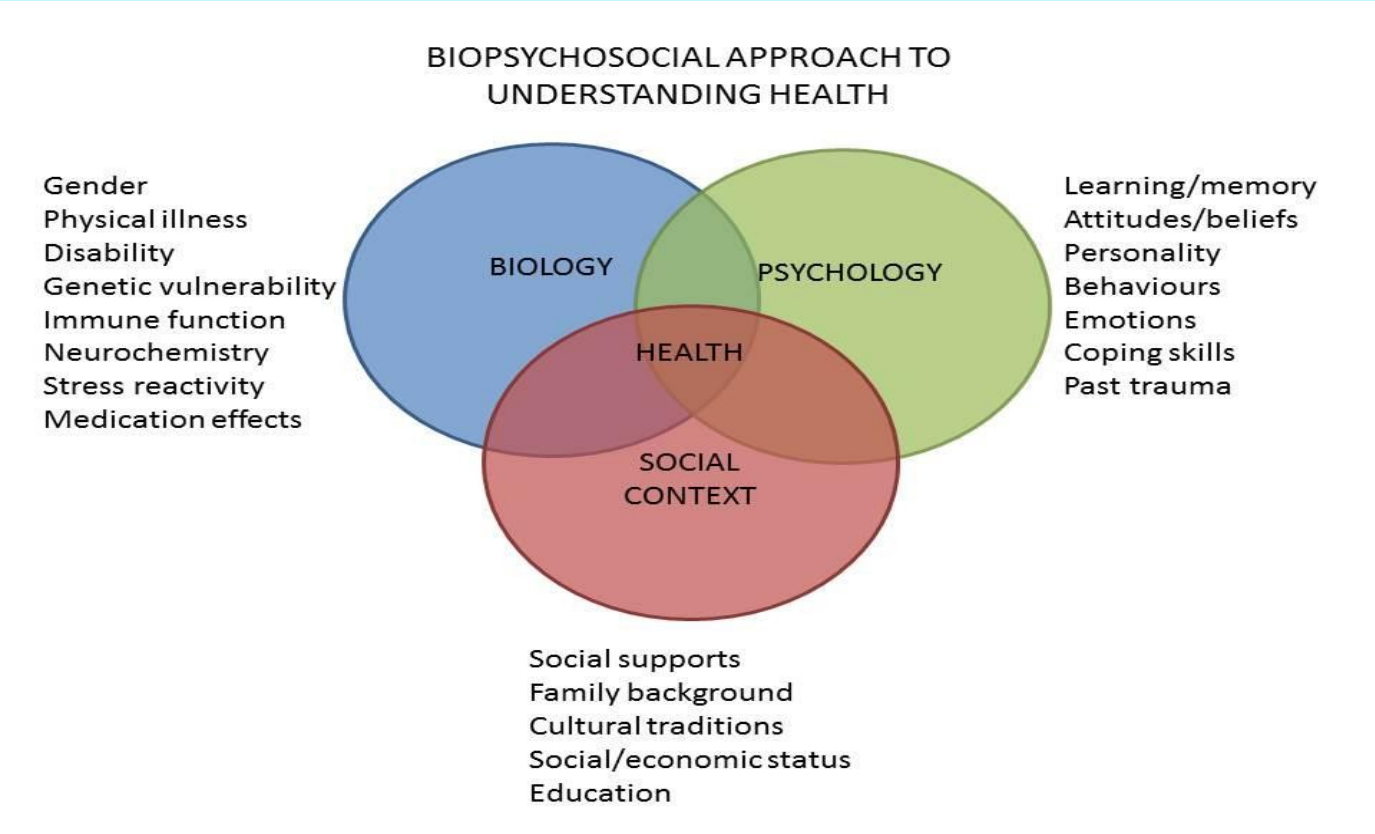
Socio-cultural Models (Sociogenic)

- 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

Systemic Models

- Family systems theorists see mental health problems as stemming from the inadequate family systems
  - Individuals within a family form an interacting system, each of which has a reciprocal influence on eachother
- Role of negative expressed emotion implicated in development of schizophrenia
- Development of anorexia in young women often linked to dysfunctional family systems

Biopsychosocial Model



Biopsychosocial Model

- George L. Engel - *The Need for a New Medical Model:A Challenge for Biomedicine* (1977)

- Critique of the biomedical model of disease:

- "The dominant model of disease today is biomedical, and it leaves no room within its framework for the social, psychological, and behavioural dimensions of illness.A biopsychosocial model proposed that provides a blueprint for research, a framework for teaching, and a design for action in the real world of health care" (p. 135)

Biopsychosocial Model - Critique

- In practice, research within the model typically assumes that biology, psychology and the social are separate and distinct.
- There's little consideration of the relationships between the three dimensions.
- General trend to treat biology as more foundational.
- https://thepsychologist.bps.org.uk/volume-18/edition-10/bio-bio-bio-model-madness
- http://bjp.rcpsych.org/content/195/1/3

Influences on Childhood

- Genetic inheritance
- Developing emotional regulation skills (e.g. attachment)
- Parental and family context
- Socio-economic factors
- Peer influences
- Risk behaviours

Influences on Adolescence

- Psychological effects of puberty
- Self and identity development
- Family environment
- Health-related behaviours
- Sexual development
- Peer group
- Risk and coping

Influences on Adulthood

- Socio-economic status
- Gender
- Minority status, including ethnicity
- Family dynamics
- Ageing and adjustments to life changes

Stigma

- What is stigma?
- Negative impact on help-seeking and quality of life
- Public stigma (overt discrimination)
- Self-stigma (subjective feelings of stigma)
- The Equality Act 2010

Stigma

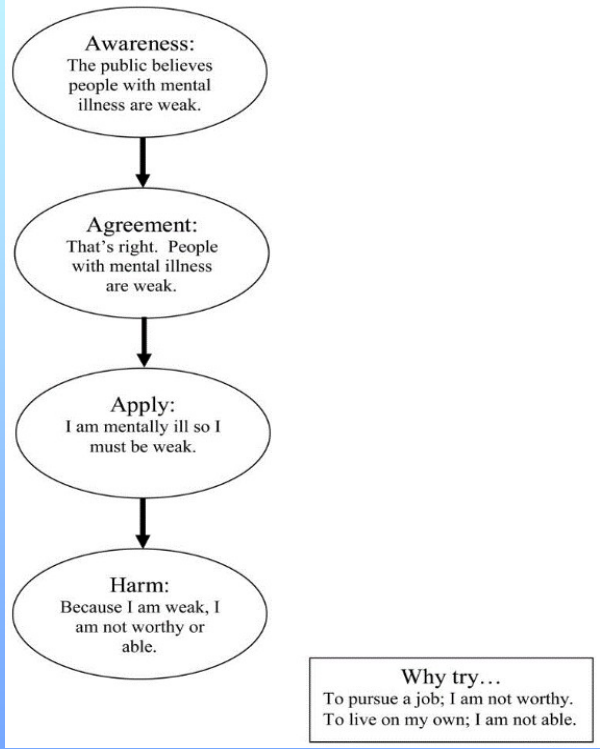
- The social psychology of stigma (discrimination & prejudice) – Erving Goffman

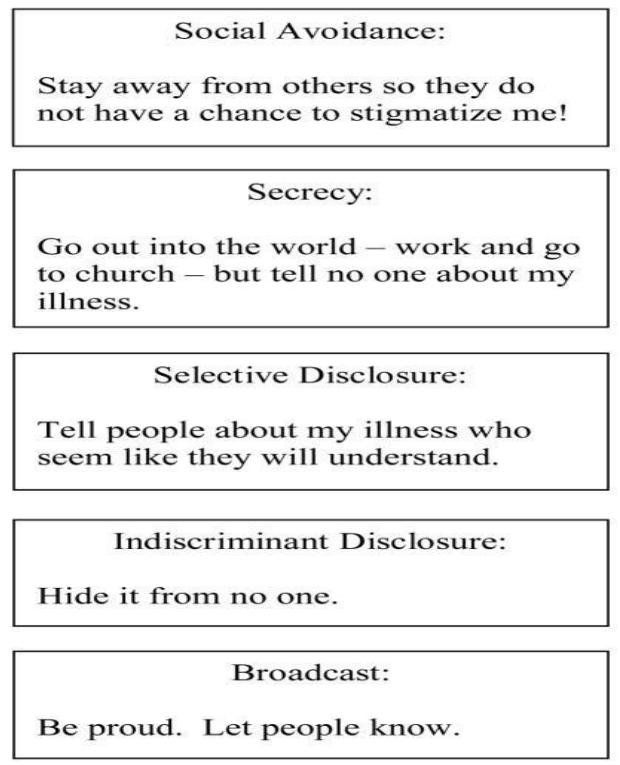
- Stigma does not reside in the person – it is relationship and context-specific (Major & O'Brien, 2005 – The Social Psychology of Stigma)

- David Rosenhan: Being Sane in Insane Places https://www.youtube.com/watch?v=j6bmZ8cVB4o

- Mechanism of stigmatization: negative treatment and discrimination, expectancy confirmation process, automatic stereotype and identity threat.

Stigma





Corrigan, P. & Rao, D. (2012). On the self-stigma of mental illness: Stages, disclosure, and strategies for change. *Canadian Journal of Psychiatry, 57* (8), 464-469.

Stigma

"In all of these various instances of stigma, however, including those the Greeks had in mind, the same sociological features are found: an individual who might have been received easily in ordinary social intercourse possesses a trait that can obtrude itself upon attention and turn those of us whom he meets away from him, breaking the claim that his other attributes have on us. He possesses a stigma, an undesired differentness from what we had anticipated. We and those who do not depart negatively from the particular expectations at issue I shall call the normals." — Erving Goffman, *Stigma: Notes on the Management of Spoiled Identity*

Stigma

- Time to Talk campaign (Scotland)
- Stigma interventions are effective in reducing personal stigma (people's personal beliefs about mental illness)
- Self-stigma and empowerment (e.g. "34 Beautiful Tattoos People Got To Cover Their Self-Harm Scars")
- https://www.buzzfeed.com/sallytamarkin/beautiful-tattoos-
- 683?utm_term=.ulWl4Vnj4#.nhzp9OQV9

Stigma

https://www.ted.com/talks/eleanor_longden_the_voices_in_my_head#t-11971

https://www.ted.com/talks/elyn_saks_seeing_mental_illness

https://www.ted.com/talks/ruby_wax_what_s_so_funny_about_mental_illness