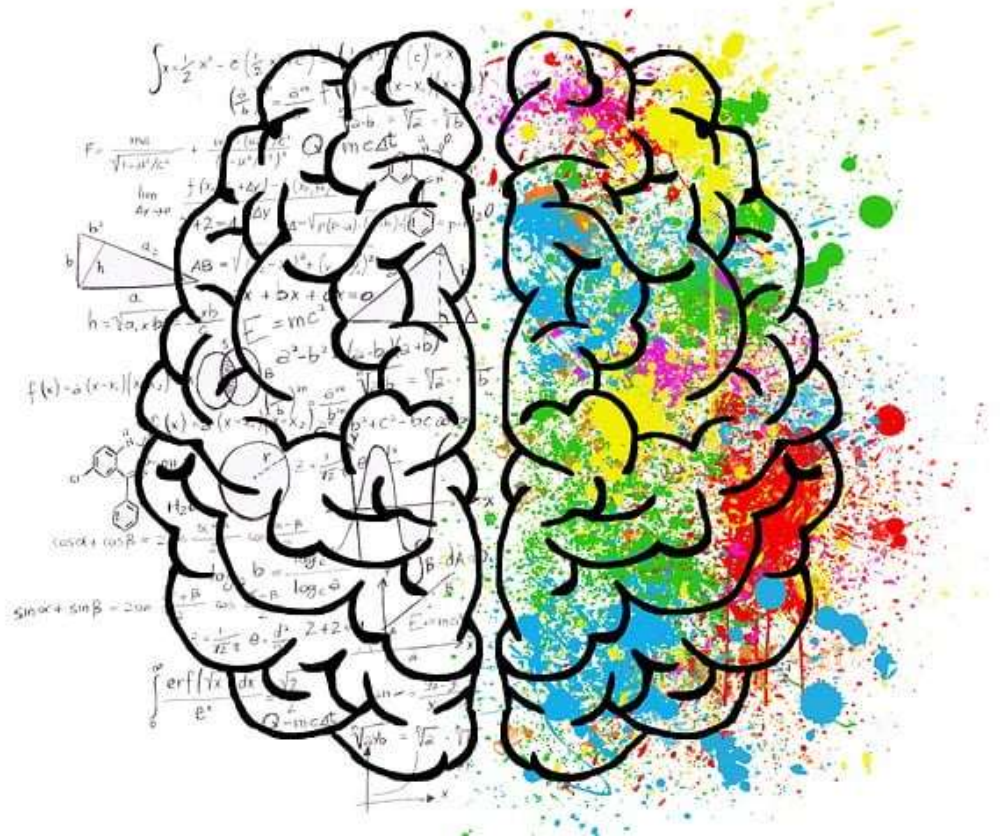


BMHP6029

Psychopathological Classifications and Provisions

Week 7

Critical perspective of mental
disorders and Concept Creep





Critical Perspectives Mental Health

Previously we have critically considered different perspectives:

Historical (since week 2)

Alternative models of mental distress and health (since week 1)

Today we will consider:

- The role of Stigma
 - Concept Creep and issues with diagnosis
 - The Anti-Psychiatry movement
- 

Critical perspectives in mental health challenge traditional views and practices, aiming to provide a more holistic and inclusive understanding of mental health.



Inequalities and Stigma

People with severe and enduring mental illness are at greater risk of poor physical health and reduced life expectancy compared to the general population (UK Gov, 2023)



UK Government say:

Mental illness is closely associated with many forms of inequalities.

Health inequalities are avoidable and unfair differences in health status and determinants between groups of people due to demographic, socioeconomic, geographical and other factors.

These differences can be in relation to prevalence, access to, experience and quality of care and support, as well as opportunities and outcomes.

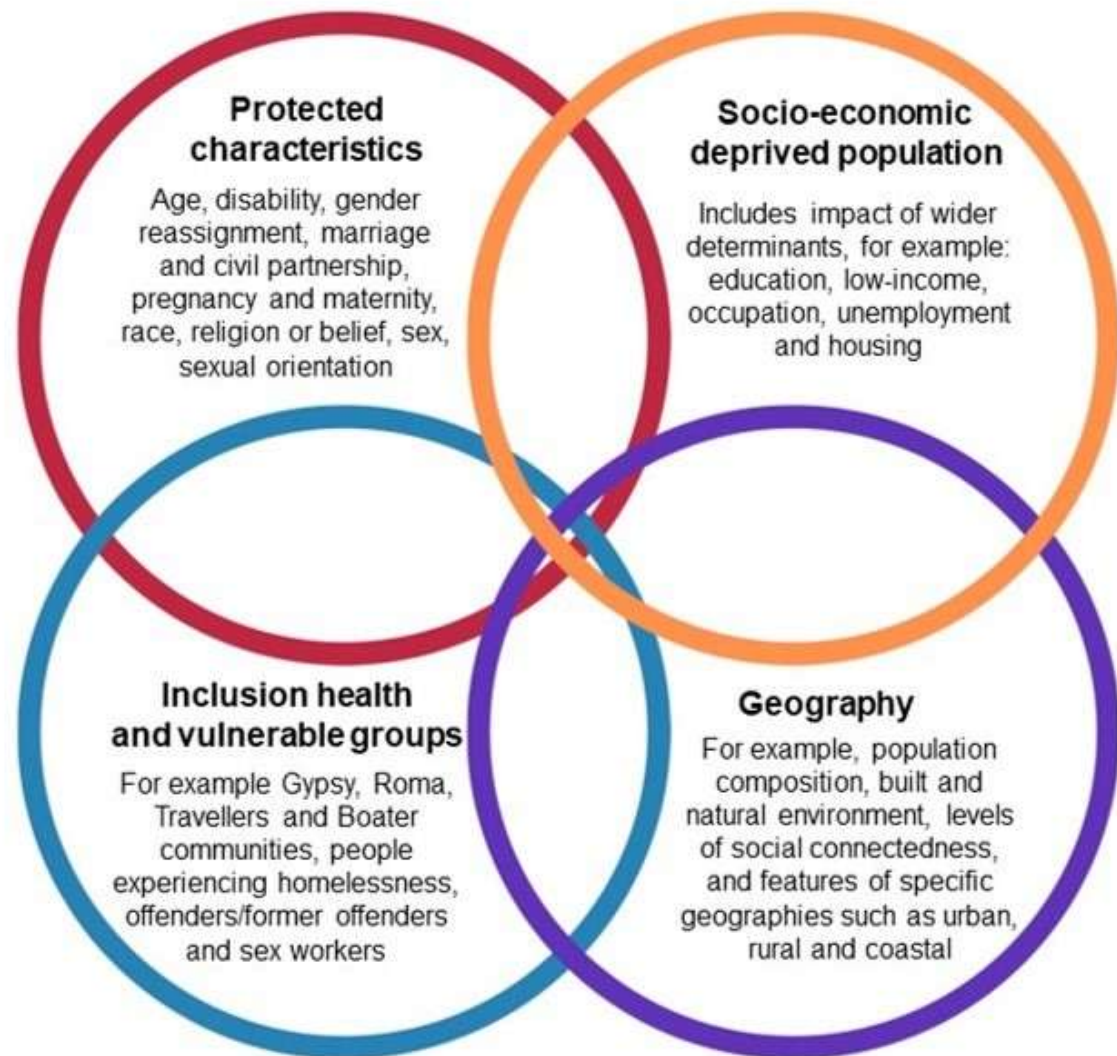
Health inequalities can mean reduced quality of life, poorer health outcomes and early death for many people.

People living with severe MH issues experience some of the worst inequalities, with a life expectancy of up to 20 years less than the general population.

Evidence suggests that the mortality gap is widening.

Domains of health inequality in the UK

“These factors (or domains) are complex and interact with each other to benefit or disadvantage people or groups, leading to differences in health outcomes. Individuals fall into more than one category and, subsequently, may experience multiple drivers of poor health at the same time” (UK office for improvement & disparities, 2019)



For example, imagine an individual living in a low-income area with poor housing conditions.

This person might face multiple stressors such as:

1.Financial Strain: Limited income can lead to constant worry about meeting basic needs like food, utilities, and rent.

2.Poor Housing: Living in substandard housing with issues like dampness, mould, or overcrowding can contribute to physical health problems, which in turn affect mental health.

3.Limited Access to Services: Low-income areas often have fewer mental health services, making it harder for residents to get the help they need.

4.Social Isolation: Financial constraints might limit social activities, leading to feelings of isolation and loneliness.

5.They might also face **Stigma and discrimination**, further exacerbating their mental health issues.

These factors can interact and make the situation worse.

What is Stigma?

“Stigma, characterized by negative stereotypes, prejudice, and discrimination, is a significant impediment in psychiatric care, deterring the timely provision of this care and hindering optimal health outcomes. Pervasive in all aspects of psychiatric care, stigma leads to delayed treatment, increased morbidity, and diminished quality of life for those with poor mental health”.

(Ahad, Sanchez-Gonzalez, & Junquera, 2023)

What effect does stigma have on individuals?

Due to the stigma surrounding mental health, a person experiencing mental health problems might face several challenges:

- 1.Reluctance to Seek Help:** Fear of being judged or discriminated against can prevent them from seeking professional help. This delay in treatment can worsen their condition.
- 2.Social Isolation:** Stigma can lead to social exclusion, where friends, family, or colleagues might distance themselves, leaving the person feeling isolated and unsupported.
- 3.Employment:** Stigma can affect job opportunities. Employers might be hesitant to hire someone with a known mental health condition, fearing they might be less productive.
- 4.Self-Stigma:** The individual might internalize the negative stereotypes and believe they are weak or incapable, which can lower their self-esteem and hinder recovery.

These factors can interact and compound, leading to a cycle of worsening mental health.

What causes stigma?

- Labelling – diagnosis?
- Social Identity Theory – in group/out group
- Fear and misunderstanding
- Historical and cultural factors
- Media portrayal of mental health problems



Stigma can arise from various causes, often rooted in societal attitudes and beliefs. Here are some key factors:

1.Labeling: Simplifying complex human experiences by categorising people as “good” or “bad” can lead to stigma.

2.Social Identity: People often derive their identity from the groups they belong to. This can lead to viewing members of out groups less favourably.

3.Fear and Misunderstanding: Fear of developing a mental illness or disability can lead to stigmatising those who have these conditions.

3.Historical and Cultural Factors: Historical events and cultural beliefs can perpetuate stigma. For example, certain health conditions or behaviours might be seen as morally wrong or socially unacceptable.

5.Media Representation: Negative portrayals in the media can reinforce stereotypes and misconceptions about certain groups or mental health problems.

6.Structural Factors: Institutional policies and practices can entrench stigma within systems, affecting access to resources and opportunities.



But...

What are the Positive effects of receiving a diagnosis?



Evaluate the concept of stigma

Find out online what are the potential benefits of being given a mental health diagnosis label and summarise your findings in your own words.

- How effective have attempts been to break down stigma in mental health?
- What are the positive effects of mental health diagnosis – on an individual, others, society?
- What are current public perceptions and attitudes towards mental health in the UK?
- Be mindful to use only reliable and credible sources.

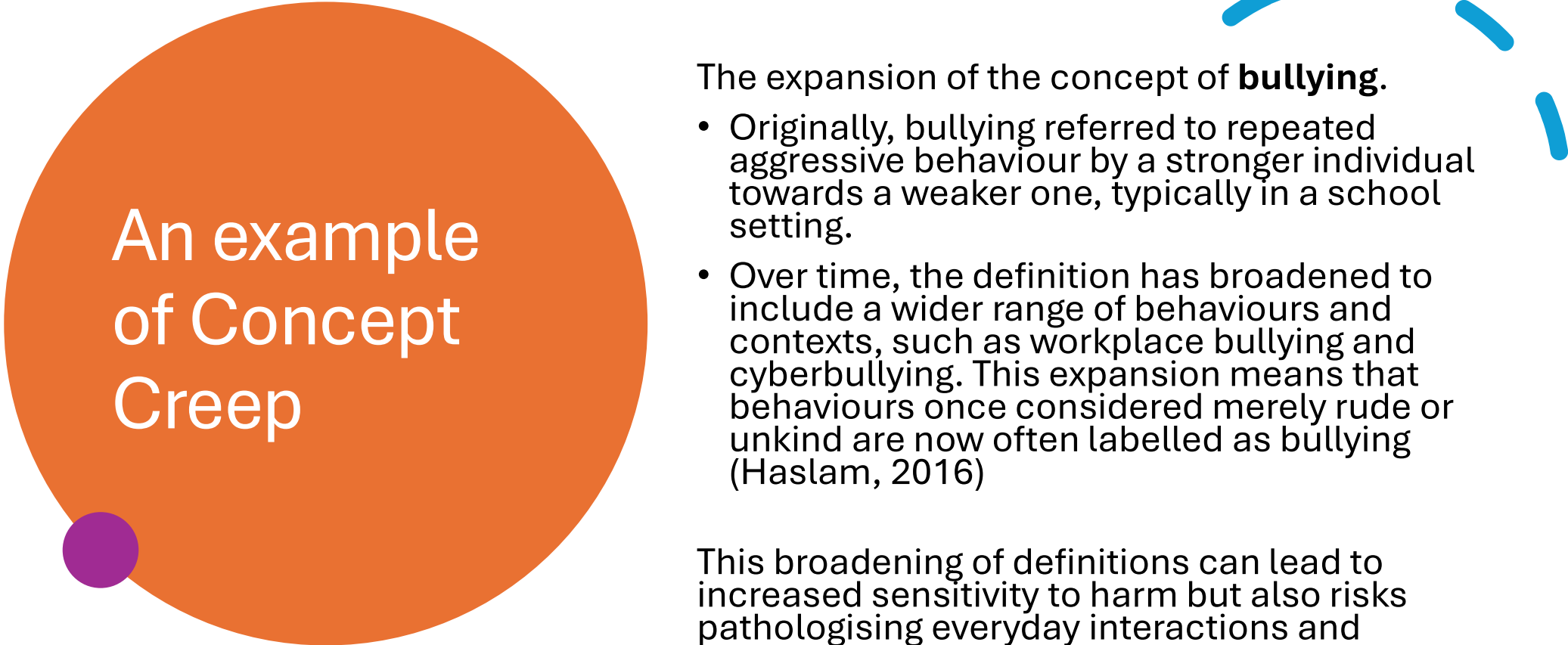
1. Post your findings on the Week 8 Moodle forum.
2. Make sure you provide citations in your summary.
3. Read and respond to other's posts.



What is Concept Creep?

Concept creep is the gradual expansion of the meaning of harm related words over recent decades. (Haslam, 2021)

Specifically related to the expansion of Mental health Diagnosis

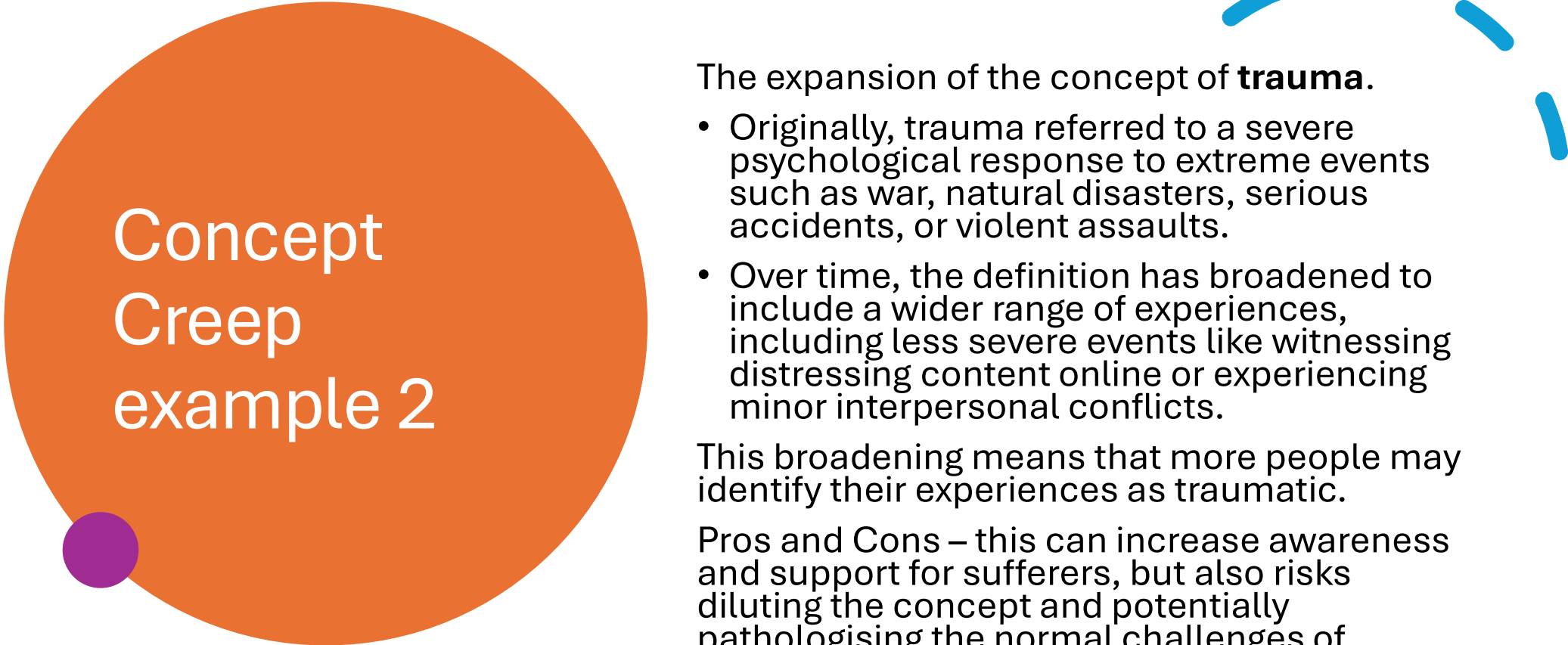


An example of Concept Creep

The expansion of the concept of **bullying**.

- Originally, bullying referred to repeated aggressive behaviour by a stronger individual towards a weaker one, typically in a school setting.
- Over time, the definition has broadened to include a wider range of behaviours and contexts, such as workplace bullying and cyberbullying. This expansion means that behaviours once considered merely rude or unkind are now often labelled as bullying (Haslam, 2016)

This broadening of definitions can lead to increased sensitivity to harm but also risks pathologising everyday interactions and experiences.



Concept Creep example 2

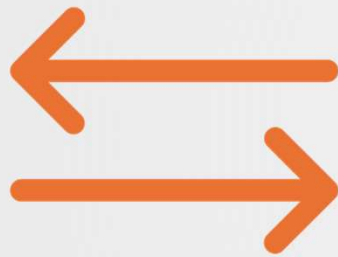
The expansion of the concept of **trauma**.

- Originally, trauma referred to a severe psychological response to extreme events such as war, natural disasters, serious accidents, or violent assaults.
- Over time, the definition has broadened to include a wider range of experiences, including less severe events like witnessing distressing content online or experiencing minor interpersonal conflicts.

This broadening means that more people may identify their experiences as traumatic.

Pros and Cons – this can increase awareness and support for sufferers, but also risks diluting the concept and potentially pathologising the normal challenges of everyday life.

2 types of Concept Creep



Horizontal



Vertical

Horizontal concept creep



Outward expansion of the definition of a concept to capture qualitatively different phenomena. Things that did not qualify as trauma, addiction, or a disorder, previously.



For example, addiction used to refer specifically to the compulsive use of alcohol or drugs.

The definition has broadened to include gambling, internet use, shopping, and even exercise.

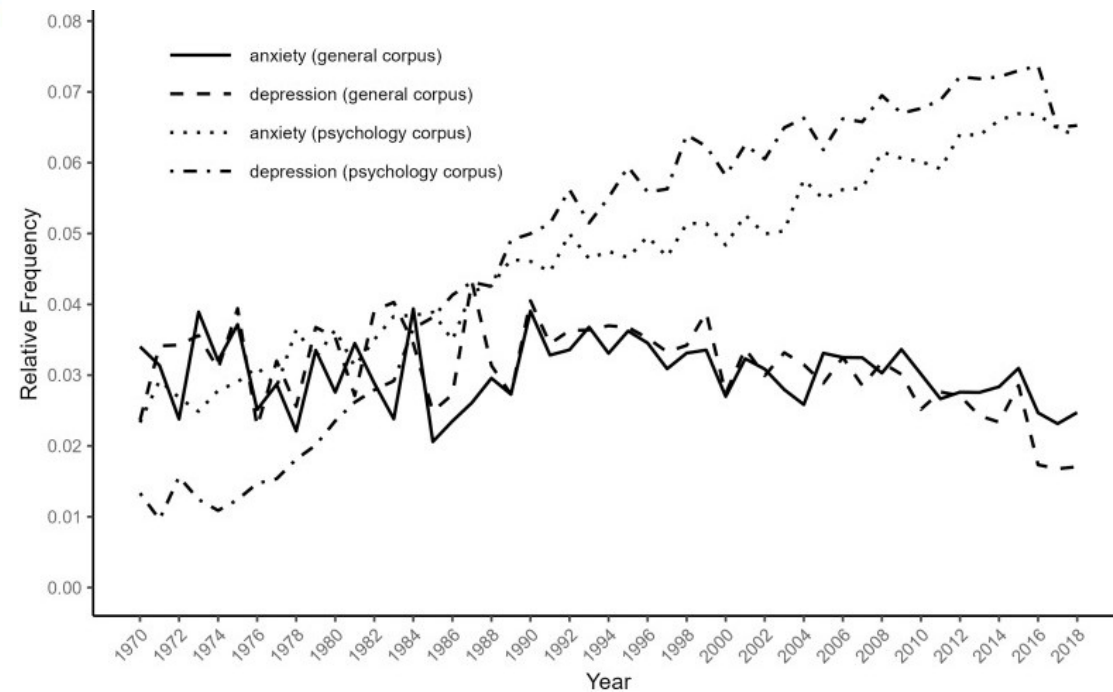


Graphs showing horizontal concept creep on trauma (Baes et al., 2023) and anxiety and depression (Xiao et al., 2023)

Figure 5. *Relative Frequency of the Trauma Concept in the Psychology Corpus Over the Study Period*



trauma (Baes et al., 2023)



anxiety and depression (Xiao et al., 2023)

Vertical concept creep

- Not different kinds of phenomena, but different degrees of phenomena. Less extreme versions of a certain experience are now classified under a mental health concept.

For instance, trauma.



Summary of the key aspects of Concept Creep



Increased Sensitivity to Harm: The expansion of these concepts reflects an increased societal sensitivity to harm and a greater recognition of the diverse ways in which individuals can experience distress. This heightened sensitivity can lead to more inclusive and compassionate approaches to mental health.



Pathologising Everyday Experiences: One of the criticisms of concept creep is that it can lead to the pathologisation of everyday experiences. By broadening the definitions of mental disorders, there is a risk of labelling normal variations in human behaviour and emotions as pathological, which can contribute to overdiagnosis and overtreatment.



Implications for ICD-11: The International Classification of Diseases (ICD-11) reflects some of these trends in its diagnostic criteria. The inclusion of broader and more inclusive definitions of mental health conditions aims to improve the identification and treatment of individuals who might have been overlooked under stricter criteria. However, it also raises concerns about the potential for overdiagnosis and the medicalisation of normal life challenges.



Balancing Sensitivity and Specificity: The challenge for clinicians and researchers is to balance the increased sensitivity to harm with the need to maintain specificity in diagnoses. This involves ensuring that diagnostic criteria are both inclusive enough to capture genuine cases of mental health issues and specific enough to avoid pathologising normal experiences.

Evaluating Concept Creep

Read the following article, make notes, and discuss in small groups:

<https://neurosciencenews.com/anxiety-depression-concept-creep-23575/>

What are your thoughts about the points raised in the article?



The Anti-Psychiatry Movement and its Influence



What is Anti-Psychiatry?

A movement that emerged in the 1960s based on the belief that psychiatric treatments can often be more harmful than beneficial to patients (Burston, 2018)

Influential and respected professionals within psychiatry in the USA and UK critiqued various aspects of psychiatry:

- **R.D. Laing:** A British psychiatrist who argued that mental illness is a rational response to an irrational world.
- **Thomas Szasz:** An American psychiatrist who famously described mental illness as a myth.



Anti-psychiatry advocates argue that:

Psychiatric diagnoses are often subjective and lack scientific validity.

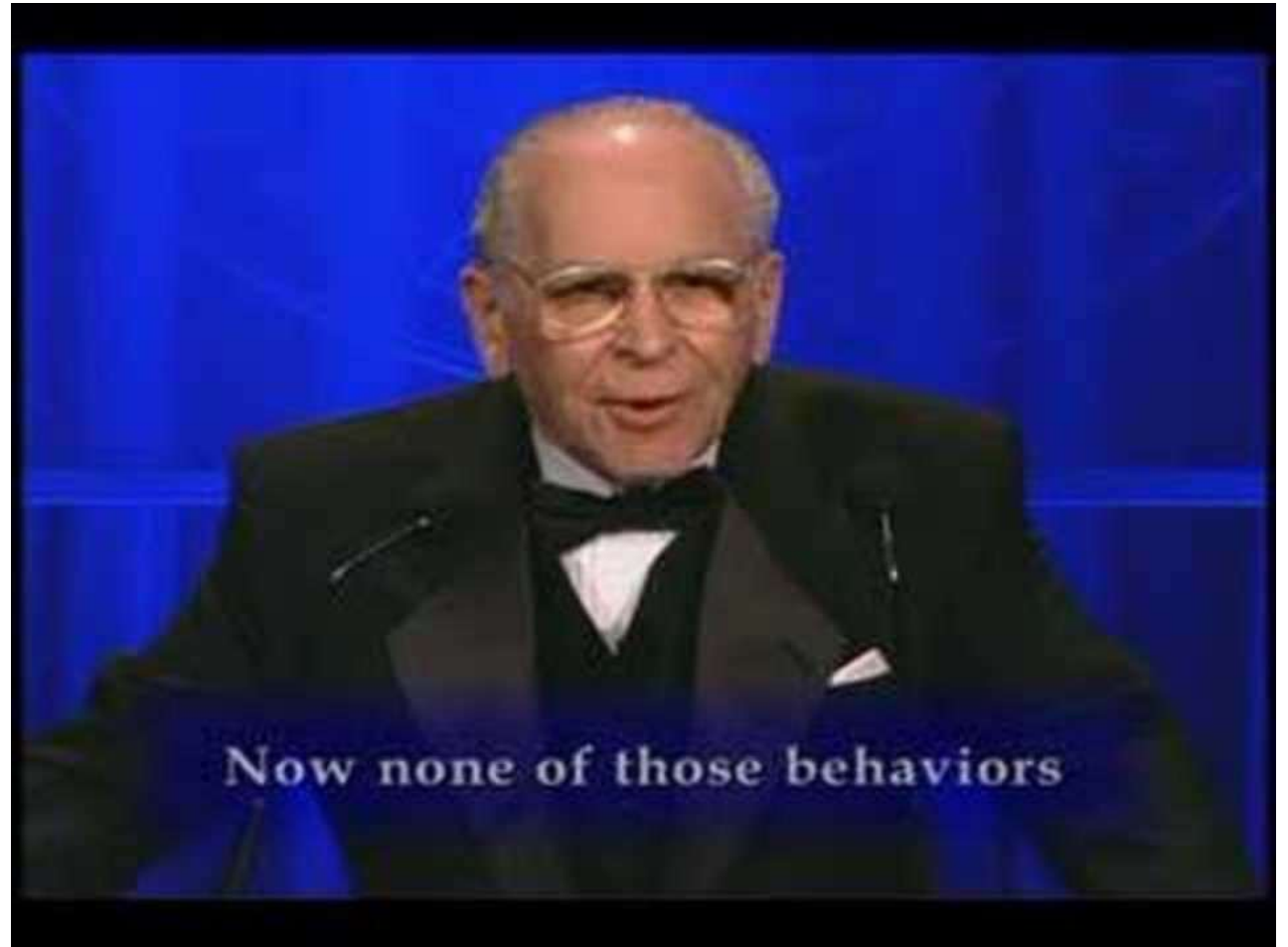
Psychiatric treatments, such as medications and treatments can be harmful and are sometimes administered without proper consent.

Involuntary commitment and treatment infringe on individual rights and freedoms.

The movement continues to influence discussions about mental health care, emphasizing the need for more humane and patient-centered approaches

Thomas Szasz

In his influential book *The Myth of Mental Illness* (1961), psychiatrist Thomas Szasz criticised psychiatry and argued against the concept of mental illness.



“Insanity -- a perfectly rational adjustment to an insane world.”

R.D. Laing



R.D. Laing's contribution to anti-psychiatry



R.D. Laing (1960, 1964) was a Scottish psychiatrist and psychoanalyst who was critical of the conventional methods used to treat mental illnesses, such as hospitalisation and electroshock therapy. He said these methods were often dehumanising and also failed to address the underlying issues.



Laing also argued that Schizophrenia could be best understood as an understandable response to dysfunctional family dynamics rather than a biological condition requiring medication.



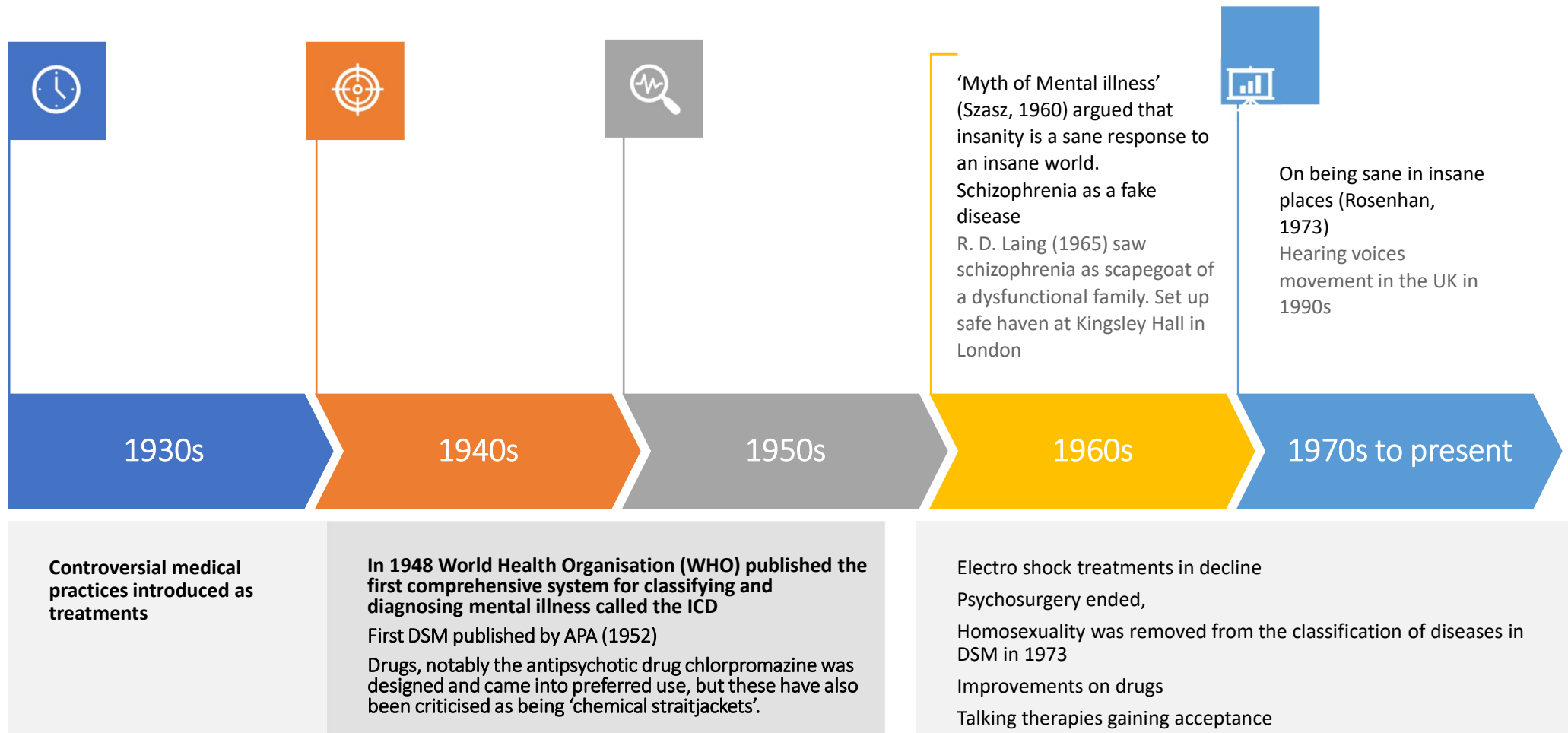
Laing's work emphasised the validity of patients' experiences and was influential in the development of a more empathetic, person-centred approach to mental health care, and more humane and ethical treatment in psychiatry.

Hearing voices movement



Is the hearing voices
normalising auditory
hallucinations?
What are the
consequences of
normalising such
experience?

Medical timeline and antipsychiatry movement across time



Evaluating Anti-Psychiatry

Read the following article, make notes, and discuss in small groups:

<https://www.bbc.co.uk/news/uk-scotland-38816660>

What are the advantages and disadvantages of the anti-psychiatry approach?

What are your thoughts about the points raised in the article?

