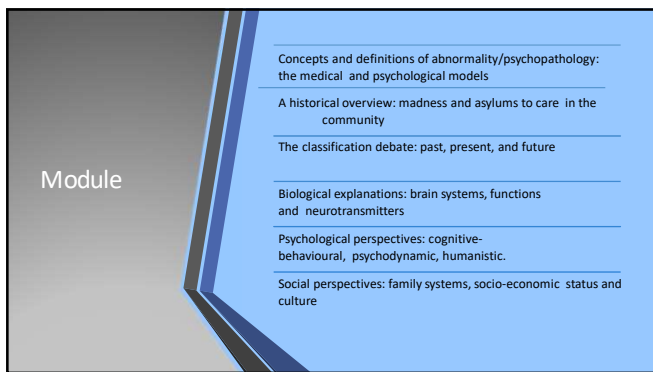
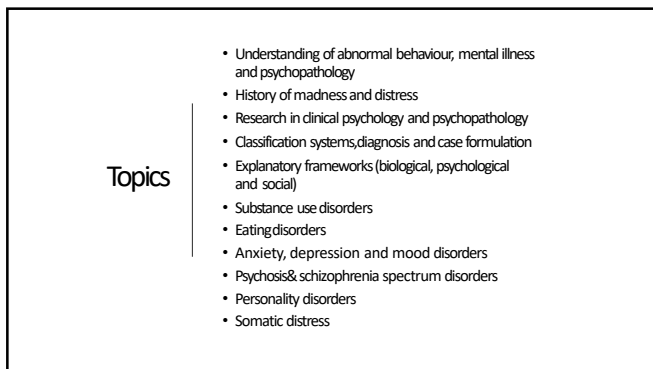




1

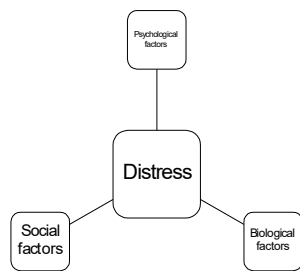


2



3

Biopsychosocial Perspective



4

Diagnosis and Case Formulation

Reference: Cromby, J., Harper, D., & Reavey, P. (2013). *Psychology, Mental Health and Distress* (pp. 116). Palgrave: London.

Diagnosis	Case formulation
Obscures social contexts	Can include social contexts
Individualizes	Includes relationships
Not culturally sensitive	Can be culturally sensitive
Expert-driven	Collaborative
Stigmatizing	Non-stigmatizing
Medical consequences	No medical consequences
Social consequences	No social consequences
Removes agency ("sick role")	Promotes agency
Removes personal meaning	Based on personal meaning

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Approaches to Mental Health Disorders



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Biological Factors/Dimension

Genetics

Diathesis-stress hypothesis

Neuroscience and plasticity

Drug treatment (effective...but poor outcomes in the long-term)

Case of cannabis and psychosis

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Recognized Causal Influences

Relational (families, early experiences, trauma & abuse)

Biological (neurotransmitters, brain structure, genetics, life-styles)

Social (inequalities, gender, ethnicity)

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Relational Influences

- Family relationships
- Early experiences
- Trauma and abuse
- Personal agency and meaning

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Biological Influences

- Biological systems are continuously open to social and relational influence.
- Lifeline approach (Rose, 1997)
- Causality is diffuse, multiple, and hard to pin down
- "A thorough understanding of distress must provide a framework that also makes it possible to consider its embodiment: we need a way of thinking about distress that neither wrongly assumes that biology is always causal, nor ignores it." (Cromby, Harper, & Reavey, 2013, p. 85).

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Social Influences

Social adrift vs social causation (or both)
 Social inequalities
 Gender
 Ethnicity



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Treatment & Interventions

- Psychoactive drugs
- Electro-convulsive therapy (ECT)
- Psychological therapies:
 - Psychoanalysis
 - Behavioural approaches*
 - Cognitive-behavioural therapy*
 - Humanistic and existential therapies*
 - Systemic approaches*
- Community psychology (community-based mental health services)

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Embodied and exbodied mind in clinical psychology. A proposal for a psycho-social interpretation of mental disorders

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A brief theoretical review of the current state of the art of embodiment research in clinical psychology has been expounded in order to highlight the key role that embodied conceptualization has on the understanding and explanation of several mental disorders, such as eating disorders, schizophrenia and depression. Evidence has suggested that mental disorders may be explained as disturbances of embodiment, from the disembodiment to the hyperembodiment. In order to understand how some clinical conditions are affected by cultural models, we propose and define a new framework called Exbodiment, complementary to the Embodiment approach to cognition. Mental disorder is strictly related to the subject-culture interaction that may be explained as a two way process in which embodiment and exbodiment are complementary points of view. In this perspective, embodiment may be seen as the "top-down" process, while exbodiment the "bottom-up" one. The introduction of exbodiment conceptualization highlights how subject is both