Abnormal & Clinical Psychology

Review

Learning Objectives

- 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;
- 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.

Module

Concepts and definitions of abnormality: the medical and psychological models

An historical overview: madness and asylums to care in the community

The classification debate: past, present, and future

Biological explanations: brain systems, functions and neurotransmitters

Psychological perspectives: cognitive-behavioural, psychodynamic, humanistic

Social perspectives: family systems, socio-economic status and culture

Topics

- Understanding of abnormal behaviour, mental illness and psychopathology
- History of madness and distress
- Research in clinical psychology and psychopathology
- Classification systems, diagnosis and case formulation
- Explanatory frameworks (biological, psychological and social)
- Substance use disorders
- Eating disorders
- Mood disorders
- Psychosis & schizophrenia spectrum disorders
- Personality disorders

What is “abnormal”?

- Abnormal means “different from the norm”
- But does it reflect:
  - Being **statistically** abnormal?
  - The presence of abnormal or **deviant behaviour?**
- **None of these concepts accurately define abnormal in terms of mental health and distress.**

The Four "D's"

- More complex models generally consider a sign of mental health problem when:
- Deviance from the norm
  - *Distorted psychological processes*
- Distress
  - *Causes or is the result of distress*
- Dysfunctional
  - *An out of the ordinary dysfunctional response*
- Dangerous
  - *May place themselves in danger*

The Four "D's"

- These may generally hold true but not always
- Cultural and societal differences
- Labelling and stigma - The nature of any label given has powerful implications.

A (very brief) historical overview of abnormality

- 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

More modern approaches to abnormality:

Early 20th century: Medical model vs psychological model

Late 20th/21st Century: Care in the community

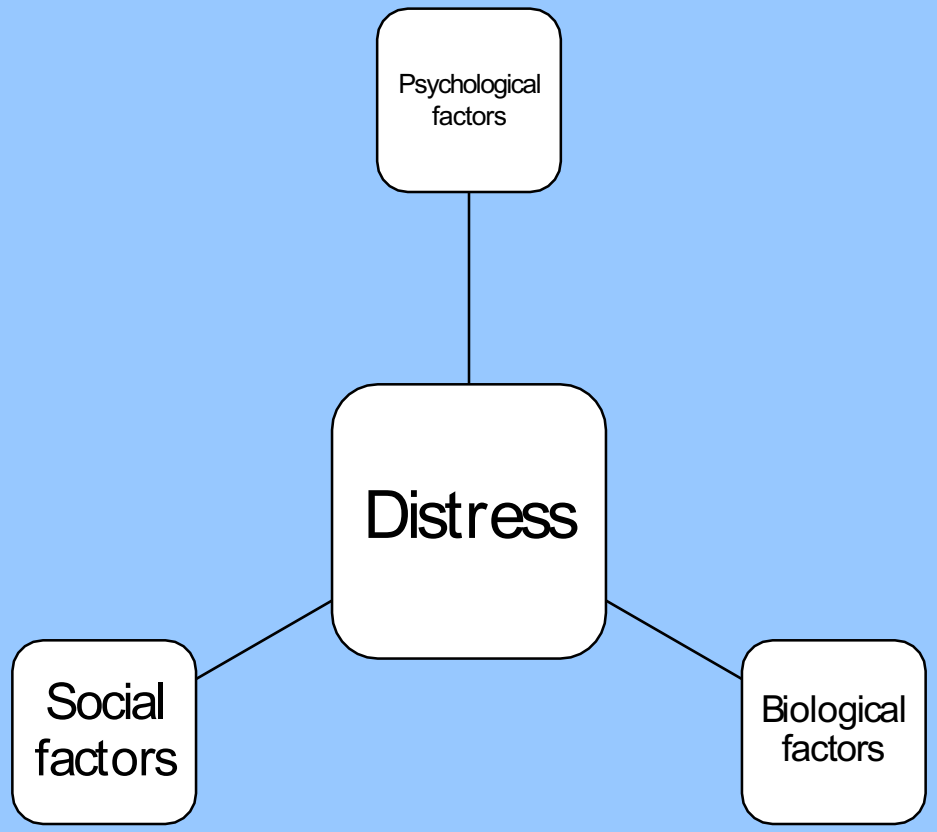
The Medical-Somatogenic Approach

- Abnormality as “an illness” which needs to be physically treated
- Abnormality results from biological disorders of the brain
- Abnormality treated primarily through drugs

The Psychogenic Approaches

- Abnormality 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
  - Different hypotheses about abnormal behaviour

Biopsychosocial Perspective



Diagnosis and Case Formulation

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

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

Approaches to Mental Health Disorders

- Aetiology
- Treatment & interventions
- Prevention (risk & protective factors)

Recognized Causal Influences

- Relational (families, early experiences, trauma & abuse)
- Biological (neurotransmitters, brain structure, genetics, life-styles)
- Social (inequalities, gender, ethnicity)

Biological Factors/Dimension

- Genetics
- Diathesis-stress hypothesis
- Neuroscience and plasticity
- Drug treatment (effective…but poor outcomes in the long-term)
- Case of cannabis and schizophrenia

Relational Influence

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

Biological Influence

- 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).

Social Influence

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

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)

Other Issues

- Current health policies and how they shape services
- Social determinants of health (distress)
- Funding cuts
- Impact of unhealthy lifestyles
- Service users' experience
- Towards integration!

Other Issues (the future)

- Alternative approaches to mental distress
- Increase use of charities & self-help groups
- Current trends: nature-based interventions, mindfulness approaches, community-based approaches.
- The future of clinical psychology (from treating illness to promoting well-being)
- The future of the DSM

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.

Areas to focus revision:

*Please note that you are required to answer two of the six questions on the exam paper, and so should prepare accordingly. All of the questions in the exam relate to content covered in lectures and core readings, but additional reading will aid in your depth of knowledge.

- Major depression disorder and the effectiveness of current psychological treatments
- Personality disorders and the role of childhood (developmental) trauma
- Schizophrenia spectrum disorders and the effectiveness of current treatments
- Historical perspective of the different conceptualisations on mental health
- The effectiveness of treatments for substance use disorders
- Eating disorders and the role of body image