PSYC3018 – Abnormal Psychology

Lecture 1: What is abnormal?
Lecture 2: Classification and diagnosis.
Lecture 3: Anger
Lecture 4: Anxiety
Lecture 5: Anxiety and related disorders
Lecture 6: Generalised anxiety disorder
Lecture 7: Substance abuse
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Lecture 9: Anorexia Nervosa
Lecture 10: Bulimia Nervosa
Lecture 11: Binge Eating Disorder
Lecture 12: Depression
Lecture 13: Depression
Lecture 14: ADHD
Lecture 15: Conduct disorders
Lecture 16: Treatment of conduct disorders
Lecture 17: Bipolar
Lecture 18: Sexual dysfunctions
Lecture 19: Schizophrenia and related disorders
Lecture 20: Personality disorders
Lecture 21: Personality disorders
Lecture 22: Health psychology: adjusting to illness
Lecture 23: Alternatives to individual psychotherapy
Lecture 24: Family therapy

+ Bonus questions grouped in topics (learning the responses to these questions helped me get a HD in the exam and the UOS)

LECTURE 1. What is Abnormal?

What is abnormal?

- The scientific study of psychological disorders/abnormal behaviours
- Empirical method to study:
  - Description (classification) – symptom
  - Causation
  - Maintenance
  - Treatment
- Reason to define disorder can sometimes be political

Most common elements to identify/differentiate normality and abnormality:

- statistical rarity – deviate from average to large extent
- deviance/norm violation – socially unacceptable
- distress – to self
- dysfunction – maladaptive – interferes with person's ability to meet requirements of everyday life
  **neither on its own sufficient/necessary for the definition of abnormality*

Wakefield's harmful dysfunction

- concept of mental disorder involves both factual component (dysfunction) and value component (harmful)
  - -> Today's definition involves these two components:
    - dysfunction internal to individual
    - seen as socially unaccepted/harmful

Historically mental illness = madness

- similar to psychosis, schizophrenia and dementia

18^{th} – 19^{th} century

- some patients treated in mental asylums

today

- 400+ categories of mental disorder
- DSM and ICD contain descriptions of symptom clusters -> labelled as disorders
- are treated by many professions

Prevalence of mental illness

- Help-seeking culturally and financially influenced and education, knowledge, beliefs
- Understanding of prevalence from large representative samples e.g. National Survey of Mental Health and Well-being (Australia)
- Incidence – proportion of healthy individuals will develop the disorder within a specified time period + proportion who seek help, receive help, within sub-population
- Lifetime prevalence of mental disorder
  - In adults = 32-48%
  - Before age 21 = 35-49%
- National survey of mental health and well-being lifetime prevalence 45%
- Only about 1/3 receive help
- Highest % sought treatment – Schizophrenia 48%
- Has been argued that due to the definition prevalence is overestimated

DSM definition of mental disorder:

- A clinically significant behavioural/psychological syndrome/pattern associated with present distress/disability or with significantly increased risk of suffering death, pain, disability/important loss of freedom
- Must not merely be an expectable and culturally sanctioned response to a particular event
- Whatever its original cause, must be considered a manifestation of a behavioural, psychological or biological dysfunction n the individual
- E.g. anxiety – has obvious function BUT anxiety disorder = dysfunction

DSM fails to apply its own general definition of mental illness to specific diagnostic categories

- Prevalence of mental disorder in the community may be overestimated (because diagnosis is based on symptoms only, ignoring the question of internal dysfunction)

LECTURE 2. Classification and diagnosis

Current classification systems

- ICD
  - World Health Organisation
  - Mental disorders first added in 1948
  - 10th ed
- DSM
  - APA
  - 1st ed 1952
  - currently 5th ed

The medical model

- Assumptions
  - Illness qualitatively different from health
  - Different illnesses are
    - Clearly distinguishable from each other
    - Occur independently from each other
    - Have specific identifiable causal agents
    - Respond to specific treatments
- Aim is to identify diagnostic categories (syndromes) that have their own specific causes, lead to specific treatments (aetiologically based classification)
- A syndrome only a disease when know its cause
- Early attempts at aetiologically based classification-based on hypothesised causes
- 1850 – Louis Pasteur – germ theory of disease
- Broca and Wernicke – localised damage to brain
  - ➔ Idea that eventually all mental disorders categorised by biological markers -> effective treatment
- 20th century progress slowed – no treatment breakthroughs – some harmful treatment (lobotomy) -> medical model could not fulfil promise

Psychoanalytic model

- Revolutionised mental illness concept