

# **PSY3032 Abnormal Psychology**

**Week 1: History of Abnormality & Diagnosis and Assessment**

**Week 2: Disorders of Childhood**

**Week 3: Indigenous and Multicultural Mental Health**

**Week 4: Late Life Disorders**

**Week 5: Body Image and Eating Disorders**

**Week 6: Sleep Disorders**

**Week 7: Anxiety Disorders**

**Week 8: Mood Disorders**

**Week 9: Personality Disorders**

**Week 10: Sexual Dysfunction and Disorders**

**Week 11: Substance-Related Disorders**

**Week 12: Schizophrenia**

## **Week 1: History of Abnormality & Diagnosis and Assessment**

### History of Abnormality

- Stigma = negative belief that is held by society that is prescribed to a group of individuals based on a label they have been given
- The Stone Age and Demonology
  - Early scholars, theologians, and philosophers believed 'a troubled mind' was the result of displeased Gods or possessions by evil spirits
  - Supernatural causes were invoked when naturalistic explanations were inadequate and 'rational' treatments unsuccessful
- Hippocrates
  - Separated medicine from religion and spiritual beliefs
  - Major influence on modern thinking
    - Behaviour markedly affected by bodily function
    - Abnormal behaviour caused by chemical imbalance
- Introduction of the Asylum (1400s)
- Contemporary Approaches
  - Half of causes biological, half of causes psychological
  - Led to strong drive in psychological and biological 'causes' of mental health issues in the 19<sup>th</sup> and 20<sup>th</sup> century
- Biological Approaches
  - Louis Pasteur and the 'germ theory of disease'
  - Francis Galton
  - Electroconvulsive therapy (ECT)
  - Frontal lobotomy
  - Well known that disorders arise because of inherited propensities
  - Disruptions or deficits in brain functioning
  - Large drive in knowledge due to advances in technology
- Psychological Approaches
  - Modern influence of Freudian ideologies and psychoanalytical approaches:
    1. Childhood experiences shape adult personality
    2. Unconscious influences on behaviour
    3. The causes and purposes of human behaviour are not always obvious
  - Behaviourism – mid 1900's onward
  - Cognitive approaches – late 1900's/early 2000's

- Mental Health Today
  - Biological approaches and the 'chemical imbalance' theory are propagated by the pharmaceutical industry
  - The medical model is most prevalent
  - A clear movement away from Freudian ideology
  - An acceptance of interplay between the psychological, social and biological processes
- Summary
  - Early theorists view mental illness as occupation by evil spirits
  - While mental illness was attributed to biological origins by 500BC, the decay of Greek/Roman civilisation and emergence of church, somatogenetic theories declined
  - By mid 1800s, biological origins of mental illness reformed after observed those in asylums
  - This led to a series of neglectful treatment options but paved the way for modern thinking
  - Advances in technology and scientific procedures, and the influence of psychogenetic theory, have shaped modern day thinking of mental illness

## Diagnosis and Assessment

- Why Classify/Diagnose?
  - Can help people to make sense of their symptoms
  - Enables clinicians to identify signs and symptoms that cluster together and label them as a syndrome/disorder → advances the search for causes and treatments
  - Enables communication between health professionals and summarises complex data
  - Provides information about the likely course of a particular mental disorder with or without treatment
- Problems with Defining Mental Disorders
  - Statistically rare = mental disorder?
    - Where are the cut-offs?
    - Some psychological phenomena are statistically rare but not a disorder e.g. giftedness
    - Some common phenomena are regarded as disorders e.g. anxiety, depression
  - Subjective distress = mental disorder?
    - This definition does not distinguish from ego-dystonic conditions (conflict with self-concept) and ego-syntonic conditions (consistent with self-concept) e.g. antisocial personality disorder
- Current Definition of Mental Disorder (DSM-V)
  - Syndrome – encompassing a constellation of specific symptoms
  - Characterised by clinically significant disturbance in an individual's cognition, emotion regulation, or behaviour
  - Reflects an underlying dysfunction in the psychological, biological, or developmental processes impacting on mental functioning
  - Usually associated with significant distress in social, occupation, or other important activities
  - Not classified as mental disorders if:
    - Culturally approved response to a common stressor or loss, such as the death of a loved one
    - Socially deviant behaviour and conflicts between the individual and society, unless the deviance or conflict results from a dysfunction in the individual
- International Classification of Diseases (ICD)
  - ICD-10 is published by WHO and is for all physical and mental diseases and syndromes
  - Largely consistent with the DSM-V
  - Officially used in Australia's health system
  - DSM is more comprehensive and tends to dominate how clinicians think about disorders
- Classification and Diagnosis
  - Before the 1950s there was no standard way to classify mental disorders
  - Each version of the DSM has had improvements to create more reliable and valid diagnostic criteria
  - Changes in the DSM include:
    - Removal of multiaxial system
    - Changes in organisation of diagnoses