PSYC3102: PSYCHOPATHOLOGY

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INTRODUCTION TO PSYCHOPATHOLOGY

Abnormal psychology: *aims to describe, explain, predict and control behaviours that are considered strange and unusual*

- No clear-cut definitions of abnormality

Relativists: *symptoms and causes of a disorder vary across cultures (i.e. eating disorders)*
Absolutists: *a disorder is caused by the same biological factors in all cultures*

Elements of abnormality

- Personal suffering
- Maladaptiveness
- Irrationality & incomprehensibility
- Unpredictability & loss of control
- Level of emotional distress
- Interference in daily functioning
- Vividness & unconventionality i.e. deviations from the norm
- Observer discomfort
- Violation and moral and ideal standards

Defining abnormal behaviour

Diagnostic & Statistical Manual for Mental Disorders (DSM 5): *focuses on symptoms and the scientific basis for the disorders*

- Clinical presentation
- Etiology
- Developmental stage (children vs. adult symptoms)
- Functional impairment

Mental disorders involve one or all of the following:

- Present distress
- Disability (impairment in 1+ areas of functioning)
- Significant risk of suffering death, pain, disability or an important loss of freedom

Epidemiology: *The study of the frequency and distribution of disorders within a population*

- Incidence: *number of new cases of a disorder that appear in a population within a specific time period*
- Prevalence: *total number of active cases in a given population during specific period of time*

- Life-time prevalence: *proportion of people in a given population affected by the disorder at some point during their lives*

- Comorbidity: *the presence of more than one condition at a time*

History of psychopathology

The ancient world

Supernatural explanations for mental disorders prevailed (except in Greece)

Hippocrates classified mental disorders into 3 categories:
1. Mania
2. Melancholia
3. Phrenitis or brain-fever

Mental disorders had natural causes – imbalance in 4 essential fluids (blood, phlegm, yellow & black bile)

Middle ages

After fall of Roman Empire in 1st century, efforts to discover natural causes virtually ceased
Religion dominated = supernatural view of mental disorder
- Abnormal behaviour interpreted as the work of the devil or witchcraft (exorcisms performed)
- Wars, peasant revolts & plagues = 'evil forces'
- Mentally disordered treated like witches & punished by death

The Renaissance (14th-17th centuries)

More humane treatment of mentally ill
Critics of demonology:
- Paracelsus – stars and planets affected the brain
- Weyer – 1st physician to specialize in the treatment of mental illness

Development of asylums

Established by mid 16th century (e.g. London's 'Bedlam')
Treatment consisted of confinement (shackles, chains, isolation in dark cells), torturous practices (ice-cold baths, spinning in chairs, severely restricted diets) and medical treatments (bloodletting, purgatives)

19th century & beginning of modern thought

Moral treatment due to American & French revolutions = individual rights
Reforms in the care of people with mental disorders
- Philippe Pinel's reforms

Rise of the Scientific Model of Mental Disorders

Pinel's Classification System (late 19th century)
- Melancholia
- Mania
- Mania with delirium
- Dementia
- Idiotism

Kraepelin and the German Classifiers (1920s)
- Dementia praecox (lately named Schizophrenia)
- Manic depressive psychosis (bipolar)

Syphilis led to general paresis (manifested by physical paralysis and mental illness)

The Psychoanalytic Revolution (20th century)

Franz Mesmer (late 18th century): *identified hysterical disorders & treated them with hypnosis*
Freud & Jean Martin Charcot: *believed hysteria was caused by degenerative brain changes*
Joseph Breuer: *catharsis & the 'talking cure' – symptoms disappeared after discussion of events*

Freud

Believed roots of abnormal behaviour were established in first 5 years of life
- Person would retain no conscious memory
- BUT unconscious memories would exert lifelong effect

Free association

Studies in Hysteria – Freud & Breuer

4 principles:

1. Psychological factors affect behaviour
2. Talking treatment more effective than harsh physical and moral treatments
3. Behaviour influenced by thoughts, impulses and wishes (unaware of)
4. Non-psychotic disorders are worthy of treatment

Biopsychosocial framework (Adolf Meyer 1866-1950)
All these factors important in shaping behaviour:

- Biological factors e.g. normal biology, disease processes, genetics
- Psychological factors e.g. thoughts, feelings and perceptions
- Social factors e.g. relationships, support
- Environmental factors e.g. characteristics of setting

Since each individual is unique, no single model can fully explain presence of abnormal behaviour
= Systemic approach
= Diathesis-stress model

<u>Advances in treatment</u>

- Psychoanalytic technique
- Other psychological theories i.e. behavioural, humanistic
- New psychotropic drugs (often discovered inadvertently when testing medical drugs)
- Deinstitutionalization (money did not follow patients into community)
- Out-patient psychiatric clinics
- Community mental health centres

<u>Current views</u>
Behaviour must be considered within context
Best to incorporate a multidisciplinary approach to development and treatment of abnormal behaviour

Diagnosis & classification
Symptom: *manifestation of pathological condition; includes subjective complaints and objective signs*

Syndrome: *a group of symptoms that occur together that constitute a recognizable condition*

Classification system: *comprehensive list of conditions with a description of the symptoms characteristic of each & guidelines for assigning individuals to categories*
Purposes of classification:

- Enables clinicians to diagnose person's problem as disorder
- Information retrieval
- Facilitates research
- Facilitates communication
- Facilitates treatment selection

<u>Issues with classifying mental disorders</u>
Classifying an extreme range of phenomena; subjectivity in eliciting phenomena

Categorical vs. Dimensional Approach

- Symptoms rarely fit neatly into just one category
- Symptoms often are not of sufficient severity to determine and that they represent a psychological disorder despite stress and impairment

<u>Improvements in DSM over time</u>

- Criteria more detailed and objective
- Focuses entirely on verifiable symptoms
- Psychopathology is not regarded as subset of medicine
- DSM V discarded multi-axial assessment
- Diagnostic specificity
- Harmonization with ICD-11

<u>Criticisms of classification</u>
Classification is irrelevant to abnormal behaviour:

- Loss of information
- Ignores differences
- Labeling controversy (shapes perception and treatment)
- Labels = self-fulfilling prophecy