

Abnormal Psychology – Week 1 – Lecture and Tutorial Notes

Lecture Notes – Introduction/What is a Disorder/Case Formulation

Abnormal Psychology

- Cover some major psychological disorders as defined by the DSM-5.
- Focus on symptoms/diagnostic features (DSM-5) and prominent theories.
 - How/why did symptoms begin. Why do they persist?
 - Enhance understanding of disorders.
 - Treatment is not a major focus.

Overview of Unit

- Week 1 = Introduction.
- Week 2 = Anxiety/PTSD.
- Week 3 = Depression/Bipolar.
- Week 4 = Feeding/Eating.
- Week 5 = OCD.
- Week 6 = Schizophrenia.
- Week 7 = Personality/Dissociative.
- Week 8 = Substance-related.
- Week 9 = ADHD/Childhood.
- Week 10 = Intellectual disability.
- Week 11 = Autism spectrum.
- Week 12 = Sexual/Paraphilic.

Overview of Lecture

- What is a psychological disorder?
- The DSM-5 definition of psychological disorder and approach to classifying psychological disorders.
 - Pros and cons of diagnosis.
 - Some DSM-IV information.
- Theoretical perspectives on understanding psychological disorders.
 - Why important?
- Clinical Case Formulation – the basics.

Case Study

- Barbara, aged 46, has a fear of contamination by germs. Each morning she showers for 3 hours, scraping away the outside layer on the bar of soap between each shower to ensure that it is free of germs. She refuses to eat any canned foods, eats with especially disinfected plastic cutlery and chews each mouthful 300 times to decontaminate the food. She also gets her husband to participate in her decontamination rituals. She will not leave the house, do any housework, or even talk on the telephone.

What is a Psychological Disorder?

- Who has ever:
 - Felt sad?
 - Tried to avoid something because of anxiety?
 - Performed superstitious behaviour or rituals?
 - Couldn't be bothered?
- All are normal.
- All are also symptoms of psychological disorders (continuum).
- So when does normal become abnormal?

What Makes a Psychological Disorder?

- **Deviant (Atypical):** Behaviours, thoughts, emotions that are statistically rare and unhelpful.
 - Not a disorder if everyone has/does it.
 - But how rare?

- But rare ≠ disorder/pathology.
 - Beware marginalising/oppressing.
- Consider situation, culture, context.
 - E.g. fasting.
- Some disorders are not very rare...alcohol intoxication!
- **Distress:** Symptoms associated with significant distress to the individual.
 - E.g. social anxiety disorder, OCD.
 - But distress can be normal.
 - Distress not necessarily disorder.
 - Some disorders – no distress.
 - E.g., successfully avoid fears.
 - Distress to others?
- **Dysfunction:** Breakdown in emotional, cognitive, or behavioural functioning.
 - Interference with daily life.
 - Withdrawal, avoidance, stop activities.
 - OCD – e.g., avoid people, relationships, situations, etc.
 - Social, work, family, self-care.
 - But sometimes maintain functioning.
- **Duration:** An enduring pattern.
 - E.g., hypervigilance after car crash.
- Consider all 3 (4) criteria in combination.
 - Rare (Deviant)?
 - Distress?
 - Dysfunction?
 - Duration?
 - 3 (4) Ds.
- ‘Distress or impairment’.
- Subjective judgment – clinical training.

Interesting Disorders

- Alcohol intoxication.
- Caffeine intoxication.
- Caffeine withdrawal.
- Fairly normal behaviours can be focus of a disorder if causing problems.
 - So how do we define a disorder?

The Diagnostic and Statistical Manual of Mental Disorders – DSM-5

- Criteria for huge range of disorders.
 - Often only need to meet some criteria.
- Disorder categories.
 - I.e., Anxiety Disorders, Personality Disorders, etc.
- “It requires clinical training to recognise when the combination of predisposing, precipitating, perpetuating, and protective factors has resulted in a psychopathological condition”.

The Diagnostic and Statistical Manual of Mental Disorders – DSM-5

- Definition of mental disorder:
 - “...a syndrome characterised by clinically significant disturbance in an individual’s cognition, emotion regulation, or behaviour that reflects a dysfunction in the psychological, biological, or development processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities”.
 - Must not be “...an expectable or culturally approved response to a common stressor or loss” (e.g. death of a loved one).
 - Does not include “...deviant behaviours (e.g. political, religious, or sexual) and conflicts that are primarily between the individual and society...unless the deviance or conflict results from a dysfunction in the individual”.

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Chapter 1 – Conceptual Issues in Abnormal Psychology – Introduction

Abnormal Psychology: An Australasian Focus

- In 1929, Henry Tasman Lovell (interested in abnormal psychology) became the first Professor of Psychology in Australia at the University of Sydney.
- In November 2006 the Federal Government introduced the Better Access to Mental Health Care program which allowed people to receive Medicare rebates for psychological treatment provided by trained mental health professionals. Access to psychological services is now available to people who would not otherwise be able to afford it. Showed recognition of the effectiveness of psychological treatments.
- 'Ten Years of Better Access' (a 2017 by the Australian Psychological Society) provides a review of the first decade of the Better Access program.
 - Successful in providing accessible, effective and affordable treatment for psychological problems to many Australians. E.g., by 2013 psychological services provided through Better Access had been accessed by more than three million people. In addition, the rate of people accessing treatment for mental disorders increased from 35% to 46% by 2010 – attributed to the availability of affordable services and de-stigmatisation of help-seeking for mental health. Program shown to be effective with 91% of clients having a significant improvement.
- 'Ten Years of Better Access' report also highlights limitations and challenges.
 - E.g., The 2011-12 federal budget reduced Medicare-supported psychological consultations from 18 to 10 per calendar year which is inadequate in treating many disorders. Among individuals receiving treatment, 65% continued to have severe symptoms after 10 treatment sessions, compared to 22% after 18 sessions.
 - Less than optimal options available when the maximum 10 sessions has been reached are: postponing further treatment until the following year; extending the interval between sessions; or receiving treatment from a public mental health service.
- The 'Ten Years of Better Access' report also highlights future potential challenges.
 - Been proposed to limit access to Better Access to those with moderately-severe mental disorders. Those with milder and more severe disorders would be directed to alternative programs which may be inadequate in delivery and funding.

Chapter 1 – Conceptual Issues in Abnormal Psychology – The Definitions of Abnormal Behaviour and Mental Disorder

Abnormality

- The distinction between 'normal' and 'abnormal' behaviours seem intuitive but this distinction is often difficult to make. Several elements to differentiate normality and abnormality have been proposed. These commonly are statistical rarity and the 'three Ds': deviance, distress and dysfunction.

Statistical Rarity

- Individuals who possess a characteristic that is rarely found in society can be said to be abnormal, in the sense that they deviate from the average. This can include positive deviations as well. E.g., people who are known for their musical or scientific genius can be considered abnormal. Therefore, the field of abnormal psychology cannot be defined on the basis of statistical rarity alone.

Deviance or Norm Violation

- A behaviour is considered to be abnormal if it is negatively evaluated by society. E.g., being unable to socialise because of extreme anxiety, avoiding all forms of public transport, hearing voices, physically assaulting one's spouse, or making a living by armed robbery are generally seen as violating social expectations.
- Norm-violating behaviours encompass a diverse range of behaviours. E.g., instances of harmless eccentricity and serious criminal acts, as well as instances of mental disorder. Using norm violation as a sole requirement to define abnormality can be dangerous as it can be used to oppress any non-conformist behaviours. E.g., homosexuality and a range of other sexual behaviours such as masturbation were seen as both statistically rare and unacceptable by society only a few decades ago.

Distress

- The abnormal behaviour causes distress to the person. People who are happy and content with their lives tend to consider themselves normal, while those who are distressed by their own thoughts, feelings or behaviours tend to seek treatment.

- This element has its limitations and dangers. E.g., people who starve themselves near to death for religious, political or other reasons should not necessarily be considered abnormal and requiring treatment. In addition, some people with mental disorders do not experience distress, as in the case of a manic episode in bipolar disorder.

Dysfunction

- This asks whether the behaviour is dysfunctional or maladaptive – does the behaviour interfere with the person's ability to meet the requirements of everyday life? E.g., the person who experiences a manic episode may not be distressed but may be making decisions that interfere with their ability to function effectively in everyday life such as making risky financial investments.

- This is highly practical in that it can accommodate an individual's life circumstances (as in the case of a person with a phobia of snakes who lives in the city). One limitation, however, is that it overlaps with the concept of norm violation: how functional someone is considered is often based on social expectations.

- Neither rarity, norm violation, distress or dysfunction on its own is sufficient or necessary for the definition of abnormality. Therefore, it is common to consider all of these elements together. Important to remember though that each criteria is closely tied with social norms and expectations that change based on time and culture.

Mental Disorder

- Not all of abnormal behaviours are currently defined as mental disorders. For example, despite research on the reason behind them, neither domestic violence nor obesity is currently classified as a mental disorder.

- A precise definition of the general concept of mental disorder continues to be elusive. One of the issues has been whether disease, illness and disorder are purely factual, medical terms, or whether they are purely value judgments based on social norms.

- The label 'mental disorder' implies that the abnormal behaviour is statistically rare, unacceptable to society, causes distress and/or is maladaptive, and stems from an underlying dysfunction or illness. For example, the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) defines mental disorder as follows:

- A mental disorder is a syndrome characterised by clinically significant disturbance in an individual's cognition, emotion regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behaviour (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above.

- Each specific mental disorder identified in the DSM must meet this general definition.

- Wakefield proposes that the concept of mental disorder, as stated in the DSM, involves both a factual component (there is an underlying dysfunction) and a value component (it is seen by society as harmful). The factual component specifies that there is an internal dysfunction present: that a psychological mechanism has failed to carry out its natural evolutionary function.

- The 'internal dysfunction' specification helps define instances of mental disorder from instances of social deviance, non-conformity or crime.

- E.g., individuals who go on hunger strikes and starve themselves for political reasons do not do so as a result of an internal dysfunction but as a means of effecting social change.

- E.g., individuals who carry out violent, illegal or antisocial acts may do so as a result of an internal dysfunction (e.g., a lack of impulse control or an inability to feel empathy for others) and thus they may qualify for the diagnosis of a mental disorder (in this case, antisocial personality disorder).

- However, according to Wakefield's approach, for a behaviour resulting from an internal dysfunction to qualify as a mental disorder it needs an additional value component: it needs to be causing harm to the individual.

- According to Wakefield's analysis mental disorders are best conceptualised as lying somewhere between the concept of physical disorder, which involves mainly a factual component (e.g., having a broken leg or a viral infection are facts that exist in nature, independent of any evaluations) and the concept of social deviance, which involves mainly a value component (e.g., being a nudist, taking recreational drugs can be considered instances of social deviance, as they are evaluated as right or wrong in relation to changing social norms). The concept of mental disorder involves a bit of both.

- Although Wakefield's analysis and the subsequent responses to it have made important contributions, the ongoing debate regarding the most appropriate definition of mental disorder continues to pose a fundamental conceptual challenge to the field of abnormal psychology.

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