PSYC3102 PSYCHOPATHOLOGY

Semester 1, 2018

Lectures 1 – Lecture 12

1. Introduction
2. Models of Psychopathology
3. Schizophrenia
4. Anxiety-Related Disorders
5. Mood Disorders
6. Somatic Symptom and Dissociative Disorders
7. Neurocognitive disorders
8. Sexual Dysfunction, Gender Dysphoria & Paraphilic
9. Intellectual Disability & Autism Spectrum Disorder
10. Psychological Factors & Medical Conditions
11. Personality Disorders
12. Childhood Disorders & Adolescent Eating Disorders

Contents

Lecture 1: Introduction

Introduction: History, Classification, Assessment

What is Abnormal Psychology?

Scientific study of behaviour with four main objectives:

1. **Describing** evident behaviours – fulfilling criteria for a disorder
2. **Explaining** why behaviour/a disorder is evident
3. **Predicting** outcome
4. **Managing** behaviours that are considered problematic

Concepts of Abnormality

- **Relativist view.** Symptoms & causes vary across cultures
- **Absolutist view.** A disorder is caused by the **same biological factors**

How do you define abnormalitiy?

- Cultural plays a role in developmental abnormality
- Behaviour – deviantly, dangeriously or dysfunctionally abnormal?
- Behaviour cause distress or dysfunction for the individual or others?
- Duration, intensity and frequency
- Why they develop in certain people compared to others?

Elements of Abnormality

1. Personal suffering
2. Maladaptiveness
3. Irrationality and incomprehensibility
4. Unpredictability and loss of control
5. Level of emotional distress
6. Interference in daily functioning
7. Vividness and unconventionality
    a. Deviations from the norm (developmental, societal & cultural)
8. Observer discomfort
9. Violation of moral and ideal standards

Defining Abnormal Behaviour

DSM-5

- Focuses on **symptoms** and **scientific basis** for disorders
    - **Clinical presentation** – What specific symptoms cluster together?
    - **Aetiology –** What causes the disorders?
    - **Developmental stage** – Does the disorder look different for children & adults?
    - **Functional impairment** – Immediate and long term consequences
- **Mental disorders involve one or all of the following:**
    - Present distress
    - Disability (impairment in one or more areas of functioning)
    - Significant risk of suffering death, pain, disability, or an important loss of freedom

Is Mental Illness a myth?

- Thomas Szasz

    - MI = “problems in living“
    - A means of social control
- Labelling can be misused:
    - ‘Drapetomonia’
    - ‘ADHD’?
- Clinical labelling leads to stigma and discrimination.
- Middle Ground?

Distinctions	Professional Practice Requirements for Psychologists
Psychiatrist	**APS Membership** APS approved six year degree and two years’ supervised experience
Clinical Psychologist	
Psychoanalyst	**APS College of Clinical Psychologists Membership** Approved post-graduate degree in clinical psychology + two years supervised experience
Psychotherapist	
Counselling Psychologist	**Registration: Psychologists Board of Australia** Approved four year degree + two years supervised experience OR Approved four year degree and post-graduate degree.

Epidemiology

Definition: The study of the frequency & 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 population affected **at some point** during their lives
- **Comorbidity.** More than one condition

Epidemiology: Australia/QLD Statistics

- **1 in 4** suffer mental disorders during their lifetime
- Over ½ million Qlders suffer with a mental disorder that significantly interferes with their daily lives
- 1 in 4 Qlders who visit a GP do so for mental health reasons
- 100 Australians attempt suicide every day
    - 2,361 Australians committed suicide in 2010 (ABS, 2012)
    - 77% were males
    - 35-44 years highest suicide rates

History of Psychopathology

The Ancient World

- Supernatural explanations prevailed except in Greece
- Hippocrates (5th C. BC) classified mental disorders into three categories:
    1. Mania
    2. Melancholia
    3. Phrenitis (brain-fever)
- **All** forms of disease had natural causes:

- Imbalance in essential fluids
  - Blood, phlegm, yellow & black bile
  - Treatment procedures focused on restoring balance

The Middle Ages

- After fall of Roman Empire, efforts to discover natural causes virtually ceased
- Religion dominated supernatural view
- Abnormal behaviour interpreted as the work of the devil or witchcraft (exorcisms)
- Wars, peasant revolts & plagues: "evil forces"
  - Persecution of people viewed as promoting or hosting the devil
  - Many with mental disorders treated like witches

The Renaissance (14^{th} – 17^{th} centuries)

More **humane view** of the mentally ill

Critics of demonology:

- Paracelsus – Stars & planets affected the brain
- Weyer – First physician to **specialise** in the treatment of mental illness
- Search for effective treatments begun

Led to the development of asylums

- By mid-16^{th} C. asylums established (e.g., London's Bethlehem Hospital)
- '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)

19^{th} century & the Beginning of Modern Thought

Moral treatment

- American & French Revolutions Individual rights
- Humanitarian ideas characterised this age
- Reforms in the care of people with mental disorders:
  - Philippe Pinel
  - People started to improve

Pinel's Classification System (late 19^{th} century)

1. Melancholia
2. Mania
3. Mania with delirium
4. Dementia
5. Idiotism

Kraepelin and the German Classifiers (1920s)

- Kraepelin:
  1. Dementia praecox
  2. Manic depressive psychosis
- Around the same time:
  - Syphilis General paresis Search for biological causes