

# PSYC3018 Exam Notes

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## Lecture 1 (What is abnormal psychology/mental disorder?)

### *What is abnormal psychology?*

- Scientific study of psychological disorders/mental disorders/'abnormal behaviour'
- Not all abnormal behaviours are mental disorders (e.g. overeating)
- Mental disorders are a sub-category of abnormal behaviours
- Empirical method to study:
  - Description (classification, diagnosis)
  - Causation
  - Maintenance
  - Treatment of psychological/mental disorders or 'abnormality'
- The 'Fever'
- A symptom of many different disorders
- Doctors were not successful in diagnosing this
- We can't be sure that psychological disorders are discrete or valid, do they exist?

### *What is 'mental disorder'?*

- Historically, mental illness = 'madness, insanity'
  - There was only one mental disorder hundreds of years ago, insanity
  - Gross distortion of external reality (hallucinations, delusions), or disorganisation of speech, affect, behaviour (confusion, memory loss, etc.)
  - Similar to today's diagnoses of psychosis, schizophrenia and extreme dementia
- 18-19<sup>th</sup> centuries: small number of patients treated in mental asylums (mental hospitals) by 'mad doctors' or 'alienists' (forerunners of today's psychiatrists)
  - Anxiety, sadness, angst, etc. was not considered 'mental illness' but 'problems of living'
  - Priests, family, friends assisted with problems of living
- Today: 400+ categories of 'mental disorder'
  - Diagnostic and Statistical Manual of Mental Disorders (DSM): mainly used in the English-speaking world
  - International Classification of Diseases and Health Related Problems (ICD): mainly used in Europe
- DSM and ICD contain descriptions of symptom clusters
  - Schizophrenia, Major Depression, Social Phobia, Borderline Personality Disorder, Bulimia Nervosa, Obsessive-Compulsive Disorder, Substance Abuse Disorder, Sleep Disorders, Sexual Dysfunctions, etc.
  - Treated by psychiatrists, psychologists, clinical psychologists, social workers, counsellors, psychotherapists, psychoanalysts
- Over the years, there has been a huge change in the understanding of mental disorders

### *Prevalence of mental disorders*

- How many people have mental disorders today?
  - Historically, we only looked at the number of people treated at mental asylums (1-3% of the population)
  - It is not sufficient to find out the number of people seeking or receiving treatment
  - Help-seeking is influenced by cultural or financial reasons, education, knowledge, beliefs
- We use psychiatric epidemiology studies today to find this out
  - Very large community studies using 'normative samples' representative of the population
  - Internationally: National Comorbidity Survey, Epidemiologic Catchment Area study
  - Australia: National Survey of Mental Health and Wellbeing (ABS, 1997, 2007)
- These studies are conducted via an interview discussing symptoms
  - If a participant meets a certain number, they are likely to qualify for a mental disorder
  - They are also asked whether they sought help/treatment and if it was successful

- Lifetime prevalence of mental disorders
  - In adults: 32-48%
  - Before age 21: 35-49%
- Australia: National Survey of Mental Health and Wellbeing
  - Lifetime prevalence of any mental disorder: 45%
  - 7.3 million Australians aged 16-85 years experienced an anxiety, affective or substance use disorder at some point in their lifetime
  - Only about 1/3 of these people received help (highest % sought treatment: schizophrenia 48%)
- A large number of people suffer from mental disorders who receive no treatment
  - A public health problem of vast proportion?
  - Overestimation of the prevalence of mental disorders?
- We don't know whether these people actually have a mental disorder, which leads us to look at how we actually define 'mental disorder'

### *DSM definition of mental disorders*

- A syndrome characterised by clinically significant disturbance in an individual's cognition, emotion regulation or behaviour
- It must reflect a psychological, biological or developmental dysfunction in the individual
- Associated with significant distress or disability in social, occupational or other important activities
- Must not be an expectable and culturally approved response to a common stressor or loss (e.g. the death of a loved one)
- Must not be socially deviant behaviour/conflict between the individual and society, unless the deviance results from a dysfunction in the individual
- It needs to be a manifestation of an internal dysfunction, something not functioning as it should be

### *Definition of mental disorder*

- 1. Arises from internal dysfunction
  - Depression vs. normal sadness vs. laziness (symptoms are the same but the causes are different, if caused by internal dysfunction = mental disorder)
  - Anorexia nervosa vs. religious fasting
  - Anxiety disorders
- 2. Socially unexpected/inappropriate/unvalued
  - What we find socially acceptable does change
  - Internal dysfunction can be socially positively valued (e.g. shamans, mediums, A-type personality)
  - Internal dysfunction + no social value judgement = physical illness
  - No internal dysfunction + negative value judgement = social deviance
- Mental disorder: between physical illness and social deviance
- Both of these aspects are important
- Mental disorders use a value judgement, unlike physical disorders (e.g. broken leg)