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The Nature of Mental Disorders

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Operational Definition

Psychopathology, mental disorder, and mental illness have no strict, agreed-upon definition

Major issue is whether mental disorders can be a scientific term or if they are instead only social constructs

Which human experiences are pathological and which are not?

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Conception of Disease

"Classifying a condition as a disease is no idle matter."

Has consequences for

- Researchers
- Therapists
- Courts
- People with that condition
- Benefactors
- Hospitals
- Insurance companies

Reznek (1987)

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Conceptions of Psychopathology

Psychopathology as
- Statistical deviance
- Maladaptive / dysfunctional behavior
- Distress and disability
- Social deviance
- Harmful dysfunction
- Dimensional
- Social construction

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Statistical Deviance

Psychopathology are those behaviors that are statistically deviant or infrequent

Has common-sense appeal

Lends itself to methods of measurement
- Have to determine what is statistically "normal"
- Then determine how far a condition deviates from the norm

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Statistical Deviance

Seems objective and scientific due to reliance on psychometric methods

Still includes large amounts of subjectivity
- Conceptual definition(s) of constructs
- How deviant is too deviant?

Subjective influences have a number of consequences

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Maladaptive / Dysfunctional Behavior

- Refers to the effectiveness or ineffectiveness of a behavior in dealing with challenges or accomplish goals
- Highly subjective
  - Adaptiveness of a behavior can be both situationally based and judgementally based
  - Cultural differences impact adaptive level

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Maladaptive / Dysfunctional Behavior

- Maladaptiveness is not logically related to statistical deviance
  - IQ scores of 130 and 70
  - Low depression or anxiety scores
- Maladaptive behaviors are not all statistically infrequent and vice versa
  - Shyness
  - Sexual functioning

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Distress & Disability

- Very subjective, similar to maladaptive behavior
  - When is someone distressed?
  - When is someone disabled?
- Pathological conditions may not always cause distress to the person with the condition
  - Personality disorders

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Social Deviance

Psychopathology is behavior that deviates from what is socially acceptable

- Same as statistically deviant, but without the objectivity of stats

Norms are socially derived, not scientifically derived, and differ between cultures and time periods

- Masturbation
- Homosexuality

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Harmful Dysfunction

Acknowledges impact of social and cultural values, but proposes objectivity as well

Harmful is based on social norms

Dysfunction is scientific term for failure of an evolved mental mechanism

Pros and cons to this type of a definition

Wakefield (1992, 1999)

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Harmful Dysfunction

Pros

- Has both subjective and objective qualities
- Grounded in a solid scientific theory (evolution by natural selection)

Cons

- Mental mechanisms cannot be objectively measured, so we rely on value judgments
- Changing conception of HD, from trying to define a mental disorder to describing how people define it

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Why Classify Mental Disorders?

Classification systems provide us with a common nomenclature

Allows us to structure information

Allows us to communicate information

Social and political implications

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The DSM-IV-TR

Lists symptoms of each disorder, information about etiology, prevalence, and cultural issues that may impact diagnosis

Uses a five axis model for diagnoses

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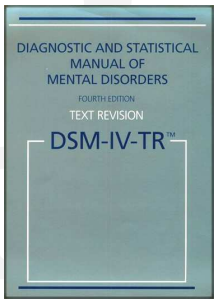
The DSM-IV-TR

Axis I: Primary clinical problem
Axis II: Personality disorders
Axis III: General medical conditions
Axis IV: Social and environmental stressors
Axis V: Global assessment of overall functioning



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DSM-IV Definition

"…a **clinically significant** behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present **distress**…or **disability** or with a significantly increased risk or suffering death, pain, disability or an important loss of freedom….must not be…expectable or culturally sanctioned…must currently be considered a manifestation of a behavioral, psychological, or biological **dysfunction** in the individual.:

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Classifying Abnormal Behavior

DSM classification has limitations

- What is "clinically significant"?
- How much distress is enough?
- Who says what is "culturally sanctioned"?
- What is a "behavioral, psychological, or biological dysfunction"?

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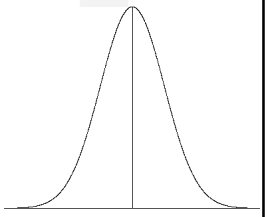
Categories vs. Dimensions

In the categorical models, psychopathology is either present or it is not (dichotomous)

In dimensional models, "psychopathology" is simply the ends of a continuum of behavior



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The Dimensional Model

"Psychological disorders" are extreme variants of normal phenomena and/or problems in living

Not concerned with classifying disorders, but instead measuring differences in psychological phenomena

- Emotion, mood, intelligence, personality, etc.

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The Dimensional Model

Statistical deviation is not always maladaptive, but can be if it leads to inflexibility

Strongest evidence for dimensional model among personality disorders, but also

- Attachment patterns
- Self-defeating behaviors
- Reading problems
- ADHD, PTSD, depression, schizophrenia, et al.

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The Dimensional Model

Unfortunately, real-life often requires *caseness* or *non-caseness*

- Insurance reimbursement
- Receiving services at school
- Disability status
- Inclusion in research studies

Creates tension between need for categories and lack of support for them

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The Dimensional Model

The DSM-IV, while saying that it recognizes the dimensional nature of mental disorders, works from a categorical framework

"So-called categorical disorders…seem to merge imperceptibly both into one another and into normality…with no demonstrable natural boundaries."

First (2003)

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Boundaries and Comorbidity

The DSM strives to help clinicians differentiate disorders based on discrete characteristics

Subjective nature of categorical disorders does not allow this to occur very frequently, so you see high rates of comorbidity or co-occurrence

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Why Use the DSM Categories?

Simplicity

- We naturally categorize things, and our typologies reflect this
- Dimensional models may be too complex or confusing to be clinically useful

Tradition / credibility

- Diagnosis is very much a part of medicine
- Loss of diagnosis may mean loss of credibility

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Why Use the DSM Categories?

Utility

- Allows for communication between professionals
- Not as clinically useful, however, as it appears

Validity

- Biggest issue, as some research finds support for categorical model…but most support dimensional0

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Cultural Influences

Culture impacts presentation of disorders all over the globe

Can be due to language, religions, historical roots, and other factors

Taijin kyofusho in Japan

Ataque de nervios in Latin America

Some actions and behaviors are universally considered abnormal

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Social Constructionism

If there can be no *scientific* definition of psychopathology, then what's the solution?

Psychopathology as a social construct

Mental illness and psychopathology are products of our history and culture, not universal, scientific constructs

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Social Constructionism

"Reality cannot be separated from the way a culture makes sense of it."

Conceptions of psychopathology are influenced by sociocultural, political, professional, and economic forces

Mental disorders are invented, but are not myths or not really there, just social constructs

Rosenblum & Travis (1996)

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Why Construction?

Conceptions of mental illness developed from a medical model, which offered many benefits to many persons

A dimensional model "did not demarcate clearly the well from the sick"

The DSM allowed psychiatry to essentially stake out its territory

Wilson (1993)

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From Pattern to Disease

Observation of deviation from norm

Powerful group decides this deviation needs control, prevention, and/or treatment

Deviation is given a scientific-sounding, capitalized name / acronym

The now disorder takes on life of its own

- People start thinking they have it
- Healthcare providers start treating it
- Scientists begin studying it

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From Pattern to Disease

Similar to disease construction for *physical* diseases

"There are no illnesses or diseases in nature."

We consider medical disease something that precipitates death or failure to function

Sedgwick (1983)

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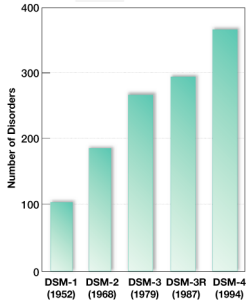
Up, Up, and Away!

The DSM has increasingly pathologized our lives

Nicotine dependence
Caffeine dependence
Hypoactive Sexual Disorder
Orgasmic Disorder
Erectile Dysfunction



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How Should We Construct?

Robins & Guze (1970)

Purported disorder should be able to demonstrate a number of distinguishing characteristics

Cantwell (1996)

Candidate disorder differentiates from other disorders by any / all of: clinical descriptors, psychosocial, demographic, biological, genetic, or family environment factors, natural history, or response to treatment

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How Should We Construct?

DSM-IV definitions fall significantly short of both of these goals

Little support has been found for many of the diagnostic rules in the DSM

- X amount of weeks duration
- X of X symptoms

Even with strict definitions, the way you ask about them can have huge impact on whether or not someone has a "disorder"

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Epidemiology

How are mental disorders counted?

By using epidemiology - the study of the distribution of diseases, disorders, or health-related behaviors in a given population

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Prevalence

The number of *active cases* in a population during any given period of time

- Typically expressed as percentages

Can be expressed as point prevalence, one-year prevalence, and lifetime prevalence

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Incidence

Incidence is the number of *new cases* in a population over a given period of time

Does not count preexisting cases, so it's lower than prevalence

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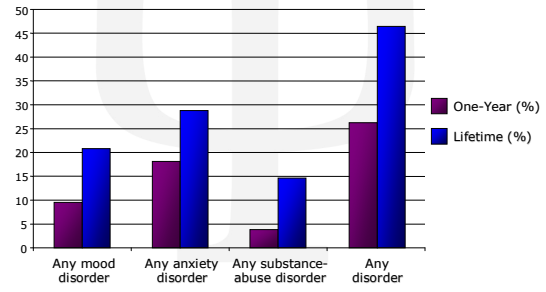
Prevalence in Adults



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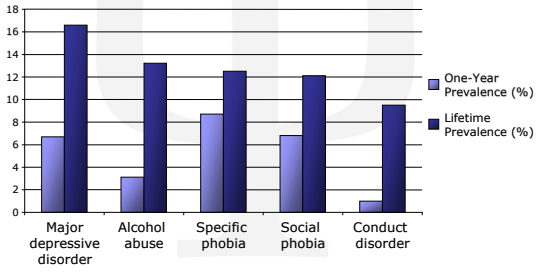
Most Common Disorders



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Should We Count?

NIMH Epidemiologic Catchment Area study and National Comorbidity Study had widely different prevalence rates for common problems

Level of impairment may be more useful, but only if linked to need for services

Why do we need point prevalence rates, when other health areas often don't?

Reiger et al. (1998), Spitzer (1998)

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How to Diagnose?

The objective determines implementation of decision making tools

1. To determine who needs what care
2. To determine what clinicians do in practice (service research)
3. To determine who had a "valid" disorder for research purposes

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How to Diagnose, Then?

Use the LEAD standard

Longitudinal,

Expert, and making use of

All available

Data

This includes assessment over time, consultation, and use of multiple informants

Spitzer (1983)

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How to Diagnose, Then?

1. Determine nature of presenting problem (who needs help and why)
2. Evaluate developmental, cultural, and contextual factors impacting presentation
3. Ascertain level of impairment
4. Understand key aspects of problematic behavior pattern(s)
5. Determine presence of comorbidity or other factors that would influence treatment

Jensen & Mrazek (2006)

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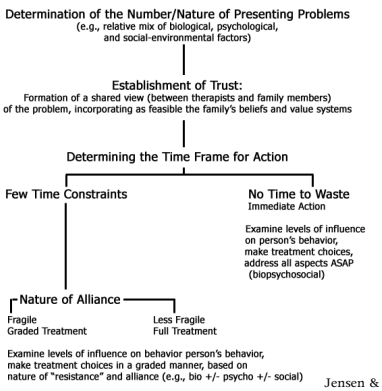

Jensen & Mrazek (2006)

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Conclusions

Accepting that psychopathology is a social construct does not rob it of its importance

Are these constructs less important because they are socially constructed?

- Poverty and wealth
- Beauty and truth
- Physical disease