

Abnormal Psychology Learning outcomes

General learning outcomes

To what extent do biological, cognitive and sociocultural factors influence abnormal behaviour? (22)

To What Extent (22) - Consider the merits or otherwise of an argument or concept. Opinions and conclusions should be presented clearly and supported with appropriate evidence and sound argument.

Abnormal behaviour: Depression (Major Depressive Disorder)

- Affective disorder (mood)
- Unipolar depression (fluctuates between normal to depressed)

Socio-cultural etiologies of depression

Diathesis Stress Model

Claims that depression may be a result of **inherited predisposition** and **events from the environment** (hence dia-thesis, two explanations).

| Lewinsohn et al (2001) | |
|-------------------------------|--|
| Description | <ul style="list-style-type: none">- Studied adolescents who experienced many negative life events over a 12 month period.- Those who had strongly negative attributions at the start of the study were much more likely to develop major depression.- Diathesis Stress Model (Events from the environment) |

Vulnerability Model (Theorist: Brown)

- Losing either parent at a young age
- Lack of confiding relationship
- More than three young children at home
- Unemployment

| Brown & Harris - Social origins of depression in women | |
|---|---|
| [A] | Find out the social origins of depression in women. |
| [P] | <ul style="list-style-type: none"> - Studied women who received hospital treatment for depression. - Sampled 458 women in the general population aged between 18 to 65. |
| [F] | <ul style="list-style-type: none"> - 82% of those who became depressed had recently experienced severe life changing event(s). - 33% experienced severe life changing event(s) in the non-depressed group. - 23% percent working class women became depressed within the past year. - 3% in the middle class. - Those with a young children were at higher risk of becoming depressed. |
| [C] | <ul style="list-style-type: none"> - Life events that resembled previous experiences were more likely to trigger depression. |
| [E] | <ul style="list-style-type: none"> - Relatively big sample group, representable of the general population, results can be generalised. - Cultural factors were not taken into consideration. |

Symptoms of depression in different cultures - Marsella

- Affective symptoms (sadness, loneliness, isolation) are typical to individualist cultures
- Collectivist cultures have a stronger and tighter social network to support individuals
 - Somatic (physical) symptoms are more common (headache etc.)

| Prince - Depression in Africa and Asia | |
|---|---|
| Study brief | <ul style="list-style-type: none"> - Study claims that there were no signs of depression in Africa and parts of Asia. - Reported depression rose with westernization in colonial countries. |
| [E] | <ul style="list-style-type: none"> - Researchers argue that depression is not exactly the same globally. - Depression may be expressed differently and may escape the attention of people from different cultures. - Asian and African countries tend to be more collectivist. <ul style="list-style-type: none"> - People from collectivist society might not report depression since it might affect others in the social network. |

Cognitive etiologies of depression

Learned helplessness and hopelessness (Theorist: Seligman)

- Learn that you are helpless therefore lowering one's self esteem
- Explains withdrawal
- Link to Faulty Attributions

| Seligman - Learned Helplessness Dog Study (Depression) | |
|---|--|
| [A] | Prove that Learned Helplessness can lead to depression. |
| [P] | <ul style="list-style-type: none"> - A dog was trapped in an enclosed area where the floor was lined with electrodes. - The experimenter would activate the electrode once in a while. - The dog would jump over a low wall to the other side of the enclosed area where no electrodes were on the floor. - The experimenter raised the wall slowly until it was too high for the dog to jump over. - Then after a few trials, the experimenter lowered the wall again. |
| [F] | <ul style="list-style-type: none"> - The dog gave the high wall a few attempts. - But after knowing that it is impossible to jump across, the dog gave up and let itself get electrocuted. - When the walls were lowered again, the dog did not attempt to jump across. |
| [C] | <ul style="list-style-type: none"> - The dog learnt that he is incapable of jumping across. - Learn that its are helpless therefore lowering its self esteem. |
| [E] | <ul style="list-style-type: none"> - Low in ecological validity, lab experiment. - Controlled, no confounding variable. - Animal experiment can provide insight into human behaviour. - Unethical, participants did not have rights to withdraw. - Induced fear and depression into participants. |

Faulty attributions (Theorist: Abramson)

- Negative mind set
- Explains self blame, guilt
- Pessimists
- Attribution of negative events to **Internal**, **Stable**, and **Global** hence affecting their self esteem.
 - Internal: Dispositional attribution
 - Stable: Happens every time
 - Global: Happens all the time, every situation

Negative self schema (Theorist: Beck)

- Develops early on in life
- Relies heavily upon parental influences
- Negative self schema, new event interpreted negatively regarding yourself.

Cognitive Triad (Theorist: Beck)

Self <=> World <=> Future

Example:

- Self - "I am going to do really bad in my coursework"
- World - "Everyone probably thinks I suck"
- Future - "I am going to fail my course"

Biological etiologies of depression

Neurotransmitter - Serotonin

- Responsible for our Mental Wellbeing (Happiness)/Depression
- During the process of neurotransmission, not all Serotonin gets absorbed by the Post-Synaptic neuron.
- The extra Serotonin is taken back into the Pre-Synaptic neuron through Active Reuptake; or
- The Serotonin gets broken down by Monoamine Oxidase (MAO), which causes a low level of Serotonin being absorbed by the Post-Synaptic neuron.
- Low level of serotonin in the Post-Synaptic neuron means impulse cannot be started.
- Diathesis Stress Model (Physical vulnerability to stress)

| <u>Teuting - Depression and Serotonin study</u> | |
|--|---|
| Description | <ul style="list-style-type: none"> - Individuals with depression were asked to provide urine sample. - There was a significantly lower level of Serotonin in the urine sample of participants with depression. - Result of MAO breaking down the Serotonin, correlating to the participant's depression. |

Genetics

- Monozygotic twins -> identical twins.
 - 100% same genes.
 - If twin A has something, twin B must have it.
- Dizygotic twin -> fraternal twins/siblings.
 - 50% similar genes.
- If there is a genetic aspect to depression, a high concordance rate would be expected from Monozygotic twins.
- Different types of genetic studies
 - Twin studies
 - Family studies
 - Adoption studies

Procedures of correlational genetic studies

- Correlational genetic studies are all done in a similar manner.
- Observation of pairs of twins or families.
- For twin studies, both Monozygotic (MZ) and Dizygotic (DZ) twins, both reared together and apart, will be used.
- Compare concordance rate of depression through the means of percentage.

Twin studies

- If it were a wholly genetic disorder the concordance rate for MZ twins should be 100 per cent and for DZ twins 50 per cent.
- Otherwise, other factors must be involved.

Family studies

- Similarly to twin studies, if depression was caused by genetic factors, we would expect it to run in families.
- The closer you are genetically to someone in your family, the more likely you will be to have depression.

| Genetics study grid | | | | | |
|------------------------------|---------------------|--------|----------|-----------------|------------------|
| Researcher | Research for | Number | Subjects | | Concordance rate |
| Price | Bipolar depression | 97 | MZ twins | Reared together | 68% |
| | | | | Reared apart | 67% |
| | | 119 | DZ twins | | 23% |
| Allen | Unipolar depression | - | MZ twins | | 40% |
| | | - | DZ twins | | 11% |
| Bertelsen, Harvald and Hauge | Unipolar depression | - | MZ twins | | 80% |
| | | - | DZ twins | | 16% |
| McGuffin et al. | Unipolar depression | 117 | MZ twins | | 40% |
| | | | DZ twins | | 20% |

| | | | | |
|---------|---------------------|---|-----------------------|---|
| Gershon | Unipolar depression | - | First degree relative | <ul style="list-style-type: none"> - Individuals with a first degree relative with depression was about two to three times higher than in the general population. - Social learning theory might be a possible explanation. |
| Wender | Unipolar depression | - | Adopted children | <p>Adopted children who went on to develop depression had biological parents that were eight times more likely to have depression than their adoptive parents.</p> |

Evaluate psychological research (that is, theories and/or studies) relevant to the study of abnormal behaviour. (22)

Evaluate (22) - An appraisal by weighing up the strengths and limitations.

Abnormal Studies

| <u>Rosenhan - On being sane in insane places (I)</u> | |
|---|--|
| [A] | <p>Challenge the reliability and validity of diagnosis. Investigate the effects of labeling.</p> |
| [P] | <ul style="list-style-type: none"> - Eight participants, 5 male and 3 female, attempted to gain admittance in the hospital's psychiatric ward. - Participants phoned up the hospital for a diagnosis appointment. - They all used a fake name and job (to protect their future health and employment record <- ethical considerations). - All the participants claimed that they were hearing voices. <ul style="list-style-type: none"> - These are existential symptoms which arise from concerns about how meaningless your life is. - They were chosen because there were no mention of existential psychosis in the literature. - After admitted into the psychiatric ward, they stopped showing the pseudo-symptoms and acted like they would ordinarily. - Participants started making notes about their life and the way they were treated in the ward. <ul style="list-style-type: none"> - Initially, they had to write in secret because they are scared wardens might find out. - Afterwards, they realized no one cared so they did it more publicly. - Participants asked the staffs for a favor that tested the behaviour of staff towards patients, which took the following form: <ul style="list-style-type: none"> - 'Pardon me, Mr/Mrs/Dr X, could you tell me when I will be presented at the staff meeting?'. (or '...when am I likely to be discharged?') - Similar procedure was carried out with Students at Stanford University with students asking university staff a simple question. - Results were used to compare. |

| | |
|------------|--|
| <p>[F]</p> | <ul style="list-style-type: none"> - All pseudo-patients disliked the environment and wanted to be discharged immediately. - All participants were "diagnosed" with schizophrenia. - No staff suspected their sanity. - Patients in the ward, however, did suspect the sanity of some of them, and reacted vigorously. <ul style="list-style-type: none"> - For example: 'You're not crazy. You're a journalist, or a professor. You're checking up on the hospital'. - Patients were deprived of almost all human rights e.g. privacy - Medical records were not kept confidential - Hygiene was poor - Wardens would be brutal to patients when no other warden was around <ul style="list-style-type: none"> - Indicates that patients had no credibility, but wardens do. - Time spent with nurses, psychiatrist etc. averaged under 7 minutes per day. |
| <p>[C]</p> | <ul style="list-style-type: none"> - There is an enormous overlap in the behaviours of the sane and the insane. - We all feel depressed sometimes, have moods, become angry and so forth. <ul style="list-style-type: none"> - But in the context of a psychiatric hospital, these everyday human experiences and behaviours were interpreted as pathological. - Regarding the favor asked, most pseudo patients were ignored. where as all questions were addressed in the Stanford University experiment. - Experience of hospitalisation for the pseudo patients was one of depersonalisation and powerlessness. |
| <p>[E]</p> | <ul style="list-style-type: none"> - Field experiment/covert observation, high ecological validity. <ul style="list-style-type: none"> - Can argue that experiment is low in ecological validity, psychiatrist don't usually diagnose "pseudo-patients". - It is expected that the person will have some sort of disorder if they seek diagnosis. - Psychiatrists would normally play safe in their diagnosis. <ul style="list-style-type: none"> - Because there is always an outcry when a patient is let out of psychiatric care and gets into trouble. - Always a higher likelihood of diagnosing a normal person sick than a sick person normal. - DSM-II was in used then, an updated version of the DSM (DSM-IV) used now has more sophisticated descriptions for diagnosis. - Showed that patients suffering from psychological disorders experienced. <ul style="list-style-type: none"> - Labeling and stigmatization - Depersonalisation - Discrimination - Controversial study. - Deception was involved, unethical. |

| Rosenhan - On being sane in insane places (II) | |
|---|--|
| [A] | Follow up study for <u>Rosenhan - On being sane in insane places (I)</u> |
| [P] | <ul style="list-style-type: none"> - Falsely inform psychiatric institute that were aware of the first study that during the next three months one or more pseudo patients would attempt to be admitted into their hospital. - Staff members were asked to rate on a 10-point scale each new patient as to the likelihood of them being a pseudo patient. - No pseudo patients were sent. |
| [F] | <ul style="list-style-type: none"> - 193 patients were judged - 41 were confidently identified as a pseudo patient by at least one member of staff - 23 were suspected as pseudo patients by a psychiatrist - 19 were suspected by a psychiatrist and a member of staff |
| [C] | <ul style="list-style-type: none"> - Rosenhan claims that the study demonstrates that psychiatrists cannot reliably tell the difference between people who are sane and those who are insane. - The main experiment (I) illustrated a failure to detect sanity, and the secondary study (II) demonstrated a failure to detect insanity. - Everything a patient does is interpreted in accordance with the diagnostic label once it has been applied. <ul style="list-style-type: none"> - The result of labeling/stigmatization - Should focus on individual's specific problems regarding behaviour rather than their sanity. |
| [E] | <ul style="list-style-type: none"> - Deception was involved, unethical. - Research was done at the cost of misdiagnosis of patients with actual mental disorders. |

Abnormal theories

Mental Health Criteria - Jahoda

| Condition | Means |
|--------------------------------|--|
| Positive self attitude | Having a positive self concept |
| Self-actualization | Striving to fulfill potential |
| Personal autonomy | Being fairly self-reliant |
| Accurate perception of reality | Having a realistic view of ourselves/the world |
| Adapting to the environment | Being flexible and adaptive |
| Resistance to stress | Ability to tolerate anxiety |

Seven Criteria of Abnormality - Seligman & Rosenhan

| Condition | Means |
|--|--|
| Suffering | Distress or discomfort. |
| Maladaptiveness | Engage in behaviour that made life more difficult. |
| Irrationality | Incomprehensible, cannot communicate in a reasonable manner. |
| Unpredictability | Act in ways that are unpredictable. |
| Unconventionality | Experiencing things that are different. |
| Violation of moral and ideal standards | Breaking ethical and moral standards. |
| Observer discomfort | Acting in ways that makes other feel discomfort. |

Evaluation and criticism:

- They are value judgements about mental health, i.e. they reflect the ideals and values of the person who constructed the list.
- A psychopath, for example, often has a very positive attitude to self, but his amoral behaviour is likely to be seen very negatively by others.
- Ambiguity and subjectivity in defining terms e.g. reality and positivity.
- There are people who are normal that does not fulfill the characteristics and people that are abnormal that fulfill the characteristics.
- Influenced by cultural attitudes.
- Too idealistic, only a few individuals can achieve the idealistic self.
- Too difficult to measure, too vague to diagnosis.

Classification/Diagnosis systems

- Classification systems are suppose to be objective.
- Traditional medical model in psychiatry is now assumed to be reductionist.
- Most psychiatrists use a biopsychosocial approach in diagnosis and treatment.
- Diagnose based on symptoms.
 - Affective (mood) symptoms
 - Behavioural symptoms
 - Cognitive (thought process) symptoms
 - Somatic (physical) symptoms
- Based heavily upon abnormal experiences and belief reported by patients.
 - Agreed by a team of professionals.
- Explains why Classification/Diagnosis systems are often updated and revised.

Strengths of Classification systems

- Statistical diagnosis
- Quantifiable
- Ability to identify disorders based on symptoms
- Therefore suitable treatment can be applied

Weaknesses of Classification systems

- Ethical consideration is the main weakness of Classification systems
- The effects of labeling
 - Leads to stigmatisation
 - Prejudice and discrimination
 - Self labeling can lead to Self-fulfilling prophecy
 - Person diagnosed with disorder act according to the label

DSM - Diagnostics and Statistical Manual of Mental Disorders

A handbook used by psychiatrists in the US to identify and classify symptoms of psychiatric disorders.

Standardised system in diagnosis based upon

- patient's clinical and medical conditions
- psychosocial stressors
- the extent that a person's mental state interfere with their daily life

Five axis of the DSM

Axis 1: Clinical Syndromes

Axis 2: Developmental and Personality Disorders

Axis 3: Medical Conditions

Axis 4: Psychosocial stressors

Axis 5: Global assessment of functioning

Ethical concerns regarding the DSM:

- Better to regard those suffering from mental disorders as "sick" rather than "morally defective".
 - Removes responsibility from the patient.
- Does not completely prevent patients from being labeled.

Concepts and diagnosis

Examine the concepts of normality and abnormality. (22)

Examine (22) - Consider an argument or concept in a way that uncovers the assumptions and interrelationships of the issue.

Deviation from the norm (Statistical infrequency)

- Unusual behaviours are sometimes desirable e.g. geniuses
- Undesirable behaviour are sometimes normal e.g. depression
 - Having disorders without breaking social norms.
- Norm differs due to culture, age. Criteria are not universally applicable.
- Who decides the extent of deviation from norm?
- Causes ethical issues
 - Social labeling
 - Discrimination
 - Violation of human rights

Social deviation

- Normality defined by the standards of social behaviour.
- Variation of norms in different demographic/social groups.
- Situational norms
 - Acceptable depending on situation
- Developmental norm
 - Acceptable depending on development.
- Norms changes according to prevailing moral values
 - e.g. Homosexuality, Divorce
- Pressure on becoming the norm.
 - Conforming to the norm without internalising it.
 - Repressed to a point where one develops a disorder.

Dysfunction and distress

- Behaviour disrupts that ability to work and/or to conduct satisfying relationship with people.
- Not all mental disorders are accompanied by distress (anti-social personality disorder).
- Not all distress are disorders (grief).
- Rosenhan and Seligman - Certain elements jointly determine abnormality, when they co-occur, then it is symptomatic.
- What are positive and negative symptoms?

Deviation from mental health

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Point of consideration: Does the criteria still apply considering it was established in 1958?

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Discuss validity and reliability of diagnosis. (22)

Discuss (22) - A considered and balanced review, including a range of arguments, factors or hypothesis. Opinions and conclusions presented clearly supported by appropriate evidence.

Diagnosis

Purpose of diagnosis

- Identify abnormal disorders so treatment can be applied accordingly.
- Provides investigation opportunities into the etiologies of disorders.

Method of diagnosis

- Biological tests
 - Brain scans
 - Blood tests
- Psychological tests
 - IQ test
 - Personality test
 - Cognitive tasks
 - Interviews
 - Observations
- Reference to the Classification System (e.g. DSM, ICD)

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- Explains why Classification/Diagnosis systems are often updated and revised.

Strengths of Classification systems

- Statistical diagnosis
- Quantifiable
- Ability to identify disorders based on symptoms
- Therefore suitable treatment can be applied

Weaknesses of Classification systems

- Ethical consideration is the main weakness of Classification systems
- The effects of labeling
 - Leads to stigmatisation
 - Prejudice and discrimination
 - Self labeling can lead to Self-fulfilling prophecy
 - Person diagnosed with disorder act according to the label

Reliability

- Whether the same disorder is diagnosed every time.
- Inter-rater reliability: whether different diagnosticians get the same diagnosis. ie. how objective the diagnostic criteria is.
- Test-retest: whether repeating the diagnosis will give a different result between each time.

| <u>Cooper et al. - New York London Diagnosis</u> | |
|---|--|
| Description | <ul style="list-style-type: none"> - An identical video clip of a patient was shown to psychiatrists from New York and London. - Psychiatrists from New York had a higher likelihood of diagnosing schizophrenia. - Psychiatrists from London were more likely to diagnose mania or depression. |

| <u>Beck - Psychiatrists agreement</u> | |
|--|---|
| Description | <ul style="list-style-type: none"> - Agreement between two psychiatrists on diagnosis for 153 patients was 54%. - The was due to the vagueness in criteria for diagnosis and; - The different process for diagnosis. |

Validity

- Does the diagnosis process measure a real pattern of symptoms.
- Can effective treatment be administered based on the diagnosis.
- Are there biases in diagnostics?
 - Confirmation bias: Psychiatrists puts emphasis on factors that hint patient's disorders and overlooks other possible factors.
 - FAE: Over attributing the causes to the dispositional factors.
 - Self-fulfilling prophecy: Patient gets labeled as having a certain disorder and act according to the label

| Rosenhan - On being sane in insane places (I) | |
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| <u>Temerline - Authority on diagnosis</u> | |
|--|---|
| [A] | Investigate the effect of authority on diagnosis. |
| [P] | <ul style="list-style-type: none"> - 2 groups of participants listened to the same taped interview of a person describing their own life. - The person talked about a seemingly normal life (i.e. happy marriage, enjoyment at work). - A respected figure in psychiatry then told 1 group of participants that he thinks the man was psychologically health. - He told the other group that he thinks the person was a psychotic. - Participants were then asked to judge the person's mental health. |
| [F] | <ul style="list-style-type: none"> - Those who were told the participants were normal gave a "normal" diagnostic. - Those who were told that the participant was a psychotic agreed with that diagnosis. |
| [C] | <ul style="list-style-type: none"> - Shows that someone with authority and expertise can have stung influence on the way people are perceived. |
| [E] | <ul style="list-style-type: none"> - The story of the taped person was hypothetical. - Might have gave a different response if the person was physically present. - Difficult to gather information about real-life roles and interactions between psychiatrists and patients. <ul style="list-style-type: none"> - May break ethical guidelines (Privacy and Confidentiality). - Opinions on causes and treatment may differ between psychiatrists. |

Discuss cultural and ethical considerations in diagnosis (for example, cultural variation, stigmatization). (22)

Discuss (22) - A considered and balanced review, including a range of arguments, factors or hypothesis. Opinions and conclusions presented clearly supported by appropriate evidence.

Classification/Diagnosis systems

- Classification systems are suppose to be objective.
- Traditional medical model in psychiatry is now assumed to be reductionist.
- Most psychiatrists use a biopsychosocial approach in diagnosis and treatment.
- Diagnose based on symptoms.
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Weaknesses of Classification systems

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Cultural considerations

- An individual's behaviour is governed to an extent by the culture they are brought up in.
- There are likely to be different perceptions of behaviour in different cultures, different cultural norms.
- A tendency to favor one's own cultural view of the world.
- Studies on psychological disorders originated from the west, hence the tendency that the diagnosis system favor the western culture.

| <u>Erinosho & Ayonrinde - Nigeria Yoruba Tribe study</u> | |
|---|--|
| [A] | Investigate the cultural differences in criteria of normality and abnormality. |
| [P] | <ul style="list-style-type: none"> - Participants were tribesmen from the Yoruba tribe in Nigeria. - Information of patients with schizophrenia were presented to people of the Yoruba Tribe. |
| [F] | <ul style="list-style-type: none"> - Only 40% of the tribesmen from the Yoruba tribe identified the patients as mentally ill. - 30% of the tribesmen said they would marry such person. - This maybe due to the cultural differences between the tribesmen and the westernized world (see Binitie's study). |
| [C] | <ul style="list-style-type: none"> - Shows the importance of an emic approach in studies. - The ability to identify the definition of "abnormality" in different cultures can only be done in culture specific approach in studies. |

| <u>Binitie - Schizophrenia in Nigeria</u> | |
|--|---|
| [A] | Investigate the cultural differences in criteria of normality and abnormality. |
| [P] | <ul style="list-style-type: none"> - Participants were Nigerians living in the city. - Information of patients with schizophrenia were presented to the participants. |
| [F] | <ul style="list-style-type: none"> - Most participants correctly identified the patients as mentally ill. - 31% showed aggressive response to such patients e.g. suggesting that they should be expelled or shot. |
| [C] | <ul style="list-style-type: none"> - Shows how western culture has influenced the judgement of normality (compared with Yoruba tribe study). |

Overall conclusion

- Seems that Schizophrenia is a western model, Tribal Nigerians did not see hallucination as something negative.
- Cultural relativism suggests that abnormality is subjective cross culturally.
- Hallucinations and cultural perspectives was also investigated in the Kasamatsu & Hirai - Monk Serotonin Study. Hallucination is seen to be a spiritual experience by Japanese monks.

DCM vs CCMD

- Diagnostic and Statistical Manual of Mental Disorders (DCM) - Internationally recognised diagnosis system, westernised model.
- Chinese Classification of Mental Disorders (CCMD) - China specific diagnosis system based upon the chinese cultural background.
- The need for more than one classification systems suggests that culture has its effect on the criteria for abnormality and syndromes.
- Uses different criteria in the different classification systems.
- Takes care of certain Culture-Bound Syndromes.

Ethical Considerations

- Ethical concerns regarding diagnosis mainly surround the issue of Labeling and its consequences.
- After diagnosis, the patient will inevitably be labeled with the diagnosed illness
- Labeling will cause Stigmatisation.
 - Where the patient will have a negative persona attached to them because they are labeled as mentally ill.

Depersonalisation and powerlessness

- Removal of human rights, frequent verbal or physical abuse.
- Usually seen in mental institutes.
- Demonstrated in Rosenhan's study.
 - Participants reported that cases of depersonalisation were observed in the institute
 - This thereby worsens the mental illness.

Self-fulfilling prophecy

- Patients may start to act according to the label they were given because they think they should act that way.
- Demonstrated in Scheff's Labeling theory.
- "*Scheff (1966) argued that receiving a psychiatric diagnosis creates a stigma or mark of social disgrace.*" (Turner, 77)
 - Showed criticism toward the classification systems, in particular the diagnosis of schizophrenia.
 - Schizophrenic does not mean that they will break formal and obvious rules;
 - But residual rule breaking (basically breaking the norm i.e. talking to themselves).

- He argued that many people breaks residual rules, but only those referred to a psychiatrist acquire a label, which influences their behaviour.

Prejudice and discrimination

- Demonstrated in Rosenhan's study
- Stickiness of diagnostic labels
- When an individual returns to society, their record of mental illness goes with them.
 - The pseudo-patients left with a diagnosis of 'schizophrenia in remission'.
 - This can lead to stigmatisation, stereotyping and discrimination against those who have been mentally disordered.
 - Making reintegration back into the community difficult.

Psychological disorders

Describe symptoms and prevalence of one anxiety/affective/eating disorder. (8)

Describe (8) - Give a detail account.

Depression (affective disorder)

Symptoms

Affective symptoms - The way people react emotionally and their ability to feel emotions.

- Feeling of sadness and despair, or;
- An absence of feeling, feeling "empty"
- Fail to display interest and find pleasure in everyday activities.
- Feeling of guilt about a real or imagined even can also occur.

Cognitive symptoms - The ability to rationalise, remember and concentrate at their usual level.

The thoughts individuals have about themselves, other people and their intentions.

- Impaired thought and logic process
- Low levels of concentration
- Negative self schema
- Paranoia
- (Thoughts of) committing suicide

Behavioural symptoms - The way that the individual behaves, activities they participate in or withdraw from and psychomotor movements (e.g. moving or speaking slowly).

- Severely depressed person can stop socializing, lose interest in sex and stop taking care of themselves.
- Everyday activities may take much longer to complete.
- Withdrawal from friends and family members.
- Attempt suicide.

Physical (somatic) symptoms - Physical changes that the individuals may experience.

- Headaches, stomach upsets (and other aches and pains).
- Palpitations
- Lack of energy
- Loss of appetite leading to weight loss.
- Sleep disturbance, insomnia.
- According to Marsella, collectivist cultures might display more somatic symptoms.

Prevalence

- Affecting 15% of population, 80% of the people who had depression is likely to get it more than once.
- 2 weeks or more of continuous low mood to be considered as depression.
- Women are 70% more likely to have depression in their lifetime.
- SAD (Seasonal Affective Disorder) is likely to happen between the ages of 18 to 30.
- 90% of people who have a type of depression are unipolar not bipolar.
- Men are less likely to report feelings of depression.

Obsessive Compulsive Disorder (OCD) (anxiety disorder)

Symptoms

International Classification of Diseases 10th edition (ICD 10)

- Recurrent obsessional thoughts or compulsive acts.
- Obsessional thoughts
 - Ideas, images, impulses that enter the individual's mind repeatedly in a stereotyped form.
 - Extremely distressing, the sufferer often tries, unsuccessfully, to resist them.
- Compulsive acts
 - Stereotyped behaviours that are repeated.
 - They are not inherently enjoyable neither do they result in the completion of particularly useful tasks.
 - e.g. excessive washing or cleaning.

Diagnoses and Statistical Manual of Mental Disorders 5th edition (DSM IV)

- Obsessions
 - Recurrent and persistent thoughts, impulses or images that are experienced.
 - Preoccupation with sexual, violent or religious thoughts.
- Compulsions
 - Repetitive behaviours that are aimed at reducing distress or preventing a dreaded event or situation.
 - Extreme hoarding
 - Nervous rituals (e.g. opening and closing a door a certain number of times before entering or leaving a room)
- For most of the time during the current episode, the person does not recognize that the obsessions and compulsions are excessive or unreasonable.

Prevalence

- Fourth most common mental disorder
- In US, one in 50 adults suffers from OCD
- About one third to one half of adults with OCD report a childhood onset of the disorder (suggests that the continuum of anxiety disorders across the life span).
- OCD is equally common in men and women. But the disorder's onset is reported to occur earlier in men than women.
- Lifetime prevalence in community surveys of about 2-3% (Robins et.al. 1984).

Analyse etiologies (in terms of biological, cognitive and/or sociocultural factors) of one anxiety/affective/eating disorder. (8)

Analyse (8) - Break down in order to bring out the essential elements or structure.

Obsessive Compulsive Disorder (OCD) (anxiety disorder)

Biological etiologies of OCD

Genetic predisposition

| McKeon and Murray - OCD prevalence | |
|---|---|
| Description | Relatives of OCD patients were more likely than the rest of the population to suffer from anxiety disorders in general, but no more likely to suffer specifically from OCD. |

Neurological factor

- An affected neurological pathway that regulates aggression, sexuality and bodily excretions.
- The pathway includes the following three regions of the brain:
 - Orbital frontal cortex (later referred to as OFC)
 - Thalamus
 - Caudate nucleus
- Caudate Nucleus acts as a break, suppressing signals that triggers anxiety (“worry signals”) from the OFC to the Thalamus, preventing it from hyperactivity.
- Damaged Caudate Nucleus therefore increases signals between OFC and Thalamus, resulting in increased anxiety.
- Patients with OCD display obsessions and compulsions related to aggression, sexuality, and contamination, much like what this neurological pathway deals with.
- The primitive nature of this neurological pathway explains why patients with OCD are often irrational.

| Baxter et al. - Caudate Nucleus and OCD | |
|--|---|
| [A] | Observe the differences in brain function in patients with OCD before and after successful treatment. |
| [P] | - PET scanning was used to identify active areas of the brain. |
| [F] | - The right Caudate Nucleus became more active in patients after treatment. |
| [C] | - There is a correlation between the activity of the Caudate Nucleus and OCD. |

Neurotransmission

- Patients with OCD responds positively to SSRI, suggesting that an imbalance of Serotonin maybe the cause of dysregulation of the neurological pathway.
- Low Serotonin levels may cause misinterpretation and over-reaction to external stimulus.
 - Leading to flawed cognition, developing into obsession.
- Lowering Serotonin levels with M-CCP (meta-Chlorophenylpiperazine) made the symptoms worse. (**Hollander et al.**)
- Anti-depressants, which increases serotonin levels, can reduce OCD symptoms. (**Pigott et al.**)

Cognitive etiologies of OCD

- Distorted cognition formed during early stages of life may have led to OCD.
- The following are false beliefs/schemas which patients with OCD often have:
 - Exaggerated responsibility in preventing misfortunes or harm to others.
 - The belief that certain thoughts should be controlled
 - The belief that having a thought or urge to do something will increase its chances of coming true.
 - Tendency of overestimating danger.
 - Perfectionist.
- Compulsive routines are responses for the anxiety caused by these obsessions.
 - Argued to be a learned, conditioned process to neutralise the anxiety.
 - The relaxing feeling motivates the repetition of the compulsive routines.
 - Patients with OCD believe that there will be negative consequences if compulsive routines are not carried out.

Cognitive Triad (Theorist: Beck)

Self <=> World <=> Future

Example:

- Self - "I am going to do really bad in my coursework"
 - World - "Everyone probably thinks I suck"
 - Future - "I am going to fail my course"
-
- Beck's Cognitive Triad suggests that patients with OCD have choose to generated their own obsessive thoughts.
 - Since decision making is a cognitive process, it can be seen that OCD may primarily be cause by cognitive distortion.
 - Leading to compulsive acts as a method of neutralisation.

Socio-cultural etiologies of OCD

- Few people believe that the etiology of OCD is based on sociocultural factors.
 - Hence very few studies have been done to investigate this area.
- There are studies that focuses on whether or not “demographic factors...and personal characteristics...[have] an impact on the development of OCD.” (Sullivan, 2008)

| Sullivan - Factors Related to OCD | |
|--|---|
| [A] | Examining the relation between academic majors/minors of college students, birth order, gender, level of stress, locus of control and the amount of obsessive-compulsive (OC) behaviors. |
| [P] | <ul style="list-style-type: none"> - All participants were selected through convenience sampling. - A sample of 75 undergraduate students was surveyed. <ul style="list-style-type: none"> - 51 females, 24 males - 46 students with science/business majors/minors - 26 students with liberal arts/humanities majors/minors - 30 first born or only children - 43 standing lower in the birth order - Questionnaires assessing OC behavior using a 1-7 Likert scale were administered to participants. - Questions were based on the Yale-Brown Obsessive Compulsive Scale (Y-BOCS), including 26 questions measuring obsessive thoughts and compulsive behaviors. - Relationships between the different demographics and OC behaviour were determined using a t-test or a Pearson Correlation. |
| [F] | <ul style="list-style-type: none"> - Results supports the following hypothesis: <ul style="list-style-type: none"> - Females reporting more OC behaviors. - Participants with greater stress level reporting more OC behaviors. - Results do not support the following hypothesis: <ul style="list-style-type: none"> - First born and only children reporting more OC behaviors. - Students with external locus of control reporting more OC behaviors. - Difference in the amount of OC behaviors among students in Science majors/minors vs. Liberal Arts/humanities majors/minors. |
| [C] | <ul style="list-style-type: none"> - Greater stress level means higher level of anxiety. <ul style="list-style-type: none"> - Prevalence of OC behaviour in this demographic can arguably be a response to sooth the high anxiety level. - Corresponds to previous studies (Bogetto et al., 1999). - Most demographics chosen were not equally sampled, and this sample size is not representative of the population. |

Depression (affective disorder)

Socio-cultural etiologies of depression

Diathesis Stress Model

Claims that depression may be a result of **inherited predisposition** and **events from the environment** (hence dia-thesis, two explanations).

| Lewinsohn et al (2001) | |
|-------------------------------|--|
| Description | <ul style="list-style-type: none"> - Studied adolescents who experienced many negative life events over a 12 month period. - Those who had strongly negative attributions at the start of the study were much more likely to develop major depression. - Diathesis Stress Model (Events from the environment) |

Vulnerability Model (Theorist: Brown)

- Losing either parent at a young age
- Lack of confiding relationship
- More than three young children at home
- Unemployment

| Brown & Harris - Social origins of depression in women | |
|---|---|
| [A] | Find out the social origins of depression in women. |
| [P] | <ul style="list-style-type: none"> - Studied women who received hospital treatment for depression. - Sampled 458 women in the general population aged between 18 to 65. |
| [F] | <ul style="list-style-type: none"> - 82% of those who became depressed had recently experienced severe life changing event(s). - 33% experienced severe life changing event(s) in the non-depressed group. - 23% percent working class women became depressed within the past year. - 3% in the middle class. - Those with a young children were at higher risk of becoming depressed. |
| [C] | Life events that resembled previous experiences were more likely to trigger depression. |
| [E] | <ul style="list-style-type: none"> - Relatively big sample group, representable of the general population, results can be generalised. - Cultural factors were not taken into consideration. |

Cognitive etiology of depression

Learned helplessness and hopelessness (Theorist: Seligman)

- Learn that you are helpless therefore lowering one's self esteem
- Explains withdrawal
- Link to Faulty Attributions

| Seligman - Learned Helplessness Dog Study (Depression) | |
|---|--|
| [A] | Prove that Learned Helplessness can lead to depression. |
| [P] | <ul style="list-style-type: none"> - A dog was trapped in an enclosed area where the floor was lined with electrodes. - The experimenter would activate the electrode once in a while. - The dog would jump over a low wall to the other side of the enclosed area where no electrodes were on the floor. - The experimenter raised the wall slowly until it was too high for the dog to jump over. - Then after a few trials, the experimenter lowered the wall again. |
| [F] | <ul style="list-style-type: none"> - The dog gave the high wall a few attempts. - But after knowing that it is impossible to jump across, the dog gave up and let itself get electrocuted. - When the walls were lowered again, the dog did not attempt to jump across. |
| [C] | <ul style="list-style-type: none"> - The dog learnt that he is incapable of jumping across. - Learn that its are helpless therefore lowering its self esteem. |
| [E] | <ul style="list-style-type: none"> - Low in ecological validity, lab experiment. - Controlled, no confounding variable. - Animal experiment can provide insight into human behaviour. - Unethical, participants did not have rights to withdraw. - Induced fear and depression into participants. |

Faulty attributions (Theorist: Abramson)

- Negative mind set
- Explains self blame, guilt
- Pessimists
- Attribution of negative events to **Internal**, **Stable** and **Global** hence affecting their self esteem.
 - Internal: Dispositional attribution
 - Stable: Happens every time
 - Global: Happens all the time, every situation

Negative self schema (Theorist: Beck)

- Develops early on in life
- Relies heavily upon parental influences
- Negative self schema, new event interpreted negatively regarding yourself.

Cognitive Triad (Theorist: Beck)

Self <=> World <=> Future

Example:

- Self - "I am going to do really bad in my coursework"
- World - "Everyone probably thinks I suck"
- Future - "I am going to fail my course"

Biological etiology of depression

Neurotransmitter - Serotonin

- Responsible for our Mental Wellbeing (Happiness)/Depression
- During the process of neurotransmission, not all Serotonin gets absorbed by the Post-Synaptic neuron.
- The extra Serotonin is taken back into the Pre-Synaptic neuron through Active Reuptake; or
- The Serotonin gets broken down by Monoamine Oxidase (MAO), which causes a low level of Serotonin being absorbed by the Post-Synaptic neuron.
- Low level of serotonin in the Post-Synaptic neuron means impulse cannot be started.
- Diathesis Stress Model (Physical vulnerability to stress)

| <u>Teuting - Depression and Serotonin study</u> | |
|--|---|
| Description | <ul style="list-style-type: none">- Individuals with depression were asked to provide urine sample.- There was a significantly lower level of Serotonin in the urine sample of participants with depression.- Result of MAO breaking down the Serotonin, correlating to the participant's depression. |

Discuss cultural and gender variations in prevalence of disorders. (22)

Discuss (22) - A considered and balanced review, including a range of arguments, factors or hypothesis. Opinions and conclusions presented clearly supported by appropriate evidence.

Implementing treatment

- **Evaluate the use of biomedical, individual and group approaches to the treatment of one disorder.**

Evaluate (22) - An appraisal by weighing up the strengths and limitations.

- **Examine biomedical, individual and group approaches to treatment.**

Examine (22) - Consider an argument or concept in a way that uncovers the assumptions and interrelationships of the issue.

- **Discuss the relationship between etiology and therapeutic approach in relation to one disorder.**

Discuss (22) - A considered and balanced review, including a range of arguments, factors or hypothesis. Opinions and conclusions presented clearly supported by appropriate evidence.

Method of Evaluation/Examination

Measuring the effectiveness of treatment

- **Eysenck** argues that Spontaneous Remission alone is responsible for the individual's improved conditions

Even when no treatment was addressed, patient will improve simply through the process of recovery

Argues that measuring effectiveness of treatment is pointless because such success maybe due to Spontaneous Remission instead of treatment

- Criteria in measuring effectiveness

1. Relief of symptoms over a period of time
2. Total absence of symptoms
3. Absence of observable/unobservable traits
4. Quantitative data and qualitative data (reports, measurements)

Reports are based on patient, therapists, friends and family members

May be biased, lack of objectivity

Biomedical approach - Treatment through medicine

Presumptions of biomedical approach

- Makes assumption that mental disorders can be understood as physical illnesses

They are classified and diagnosed like physical illnesses therefore can be treated likewise as well.

- Biomedical approach emphasizes on physiological treatment, rather than behavioural and cognitive difficulties

- Assumption that scientific research will eventually discover biological causes of all mental disorders

Clinician concerns

There are factors that clinicians need to be aware of when prescribing medical treatment

- **Dosage** needs to be precise, otherwise dependency, withdrawal and health issues may result from overdosage

- **Side-effects** caused by the medicine may result in severe health issues (e.g. allergies, developing tolerance towards drugs)

- Choosing the **appropriate treatment** for the illness (depending on the patient).

Longer lasting treatment e.g. CBT (Cognitive Behavioural Treatment) may be more beneficial for disorders that interfere more with daily life

Drug therapy might be more efficient in cases like dental phobia

Examples of Biomedical treatment

SSRI (Selective Serotonin Reuptake Inhibitors)

- Anti-depressant

- One of the biological etiology of depression is the low level of serotonin in the post-synaptic neuron to start an impulse

- SSRI blocks the reuptake system, forcing the serotonin to be absorbed by the post-synaptic neuron

Effectiveness of SSRI on Depression

- More effective than previous anti-depressant
- Less side-effects
- Available in pills and liquid form
- Most prescribed anti-depressant
- **Healey**

Claims that 250,000 users of Prozac (a brand of SSRI) has attempted suicide, 10% succeeded

Survivors reported a strange agitated state of mind with urges to commit violence

No urge to suicide before taking Prozac

- **Elkin et al.**

Method:

Participants were 240 patients with depression

Participants split into 4 groups receiving 4 different treatment

- Psychodynamic
- Cognitive Behavioural Therapy (CBT)
- Anti-depressants
- Placebo (Control)

They were then monitored for 16 weeks

Findings:

Of the 3 treatment groups, all participants showed similar improvements

Therapy groups experience less relapses than the Drug group

Suggests that SSRI (Drug treatment) were not the best treatment for depression

SSRI in relation towards etiologies of depression (Biological etiologies)

- Low levels of the neurotransmitter Serotonin in the post-synaptic neuron to start an impulse

SSRI addresses the etiology because it blocks off the reuptake system

This forces the Serotonin to be absorbed by the post-synaptic neuron

Increases the level of Serotonin in the post-synaptic neuron, enough to start an impulse

ECT (Electro-convulsive therapy)

- Electric shocks to the brain
- Believe that it will eliminate symptoms of schizophrenia
- Later found out that ECT is more effective in treating depression than schizophrenia
- Bilateral and Unilateral ECT, used according to severity of depression

Unilateral is weaker but has less side-effects

- Patients are given an anesthetic and a muscle relaxant, preventing them from getting injured

- Electrodes were then attached to patient's temple and a 70 to 150 volts shock was given

- The shock produces a convulsion lasting from 30 to 60 seconds
- Consciousness of the patient is regained after around 15 minutes
- ECT is given 2 to 3 times a week for a month

Effectiveness of ECT on Depression

- Symptoms of depression decreases after ECT
- ECT can be administered against a person's will, making it unethical
- May suffer from memory loss of up to 6 months prior ECT after the admission of ECT,

not permanent

- **Ng et al.**

Method:

Investigate the effectiveness of ECT towards severe depression

Unilateral ECT treatment was given to 32 patients suffering from severe depression

Findings:

Symptoms of depression decreased by 50%

30% patients had memory loss but was recovered in the following month

Concluded that ECT was effective as a treatment

- **Breggin**

Presented two cases where ECT caused brain damage

Argues that treatment causes patients to deny their own psychological difficulties

Overall conclusion

- Biomedical treatment focuses on biological treatment towards disorders rather than psychological treatments

- May cause ethical issues in some biomedical treatments (e.g. ECT)

- Has shown significant effectiveness but also significant side-effects in some biomedical treatments

Causing unnecessary harm to patients

- Higher rate of relapses when compared with therapy

Individual approach

Presumptions of Individual approach

- Depression is a distorted cognition

- Assumption that self critical thoughts, negative self schema are what causes depression

- Replacing negative cognitions with more realistic and positive ones can aid an individual with depression

Cognitive restructuring

Examples of Individual treatment

CBT (Cognitive Behavioural Therapy)

- Psychotherapy aiming to treat depression whilst focusing on current issues and symptoms

- Identifying faulty negative cognitions and unhealthy behaviours

- After identification, therapist will aim to correct these beliefs

- Correction is done through

- Teaching the patient how to cope with the situation/depression

- Problem solving skills

- Engage in behavioural action

- Patients learn how to deal with heavily emotional issues

- Focuses on symptoms rather than biological causes

- Require no intake of drugs

Effectiveness of CBT on Depression

- **Elkin et al.**

Method:

Participants were 240 patients with depression

Participants split into 4 groups receiving 4 different treatment

- Psychodynamic
- Cognitive Behavioural Therapy (CBT)
- Anti-depressants
- Placebo (Control)

They were then monitored for 16 weeks

Findings:

Of the 3 treatment groups, all participants showed similar improvements

Therapy groups experience less relapses than the Drug group

Suggests that CBT is an effective treatment

- Riggs et al.

Measured the effectiveness of CBT with placebo and SSRI

76% of patients improved in the CBT with SSRI group

67% of patients improved in the CBT with placebo group

Suggests the highly effectiveness of CBT when compared with SSRI (Biomedical treatment)

CBT in relation towards etiology of depression (Cognitive etiologies)

- Negative self schema
- Faulty attributions/Learned helplessness and hopelessness

CBT uncovers the patients' faulty attributions and negative self image

Replaces and corrects their negative self image with positive cognitions

Addresses the Cognitive etiologies

Group approach

- Different types of group therapy include

- Couple/Family therapy
- Activity groups (engaging patients in a form of focused activity i.e. cooking, craft,

artwork)

- Psychoeducational (interpersonal learning and ego support)
- Support groups (similar to psychoeducational therapy, patients openly discuss their experiences, or problem solving issues)

This allows patients to learn how to deal with their own issues.

- Allow patients to take on leadership roles in leading conversations and group activities

- Closely monitor patients' progress in recovery
- Encourages open discussions in groups in general

Effectiveness of Group therapy on Depression

- **Toseland & Siporin**

Reviewed 74 studies that compared individual and group treatment

In 75% of these studies, group therapy was equally as effective as individual therapy

In the remaining 25%, group therapy was more effective

Also more cost effective

- Allow patients to realise and accept their own illness and causes (of depression in this case)

- Comfortable environment for discussion
- Sometimes there are spontaneous remission (cure without cause)

- **Roback & Smith**

Important factor in a successful outcome is selecting the correct mix of patients

Correct spread of problems, behaviours, personalities

Reduces mismatch and drop-outs

Group cohesion (no one should be different in the group)

Important factors to consider

- Group cohesion
- Exclusions, certain characteristics should be excluded from certain groups
- Confidentiality, ethical issues
- Relationship with therapist

Group therapy in relation towards etiology of depression (Sociocultural etiologies)

- Vulnerability model

Suggests that depression can be caused by a lack of confiding relationship

Group therapy can provide a supportive peer group that the patient can speak to

Patient will have trust between group members because of ethical guidelines and

confidentiality

Addresses the Sociocultural etiologies