The Nature of Mental Disorders

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?

Conception of Disease
“Classifying a condition as a disease is no idle matter.”
Has consequences for
- Researchers
- Benefactors
- Therapists
- Hospitals
- Courts
- Insurance companies
- People with that condition

Raznek (1987)
Conceptions of Psychopathology

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

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

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
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

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

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
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

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)

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
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.

Categories vs. Dimensions

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

In dimensional models, “psychopathology” is the ends of a behavior

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.
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.

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

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.”
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.

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.

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
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.

---

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.

---

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.
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

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

Up, Up, and Away!
The DSM has increasingly pathologized our lives
Nicotine dependence
Caffeine dependence
Hypoactive Sexual Disorder
Orgasmic Disorder
Erectile Dysfunction
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

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”

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?

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

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

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)
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