

PSYCHOPATHOLOGY

How do we make sense of mental distress?



This guide is a discussion paper rather than a critical exploration of psychopathology. The aim is to engage you in the topic and lead to a personal exploration. There are some suggested questions to ask yourself at the end of the guide to start developing your personal position on this broad and important issue.

Mental distress is the term used in this guide as it has broad meaning and is not associated with one particular model.

What is it and why is it important?

The term originates from the Greek words "psyche" (soul) and "pathos" (suffering). Later Latin translation led to the more current definition 'psycho' – of the mind, and 'pathology' the study of disease or illness. In broader terms it is how we understand mental distress and there is more than one model or theory to explain this phenomenon. In most psychology textbooks psychopathology is referred to as 'Abnormal Psychology', with abnormal being defined as statistically rare or 'deviant' from the norm. These terms are clearly abhorrent and stigmatising. The language we use to describe and make sense of mental health problems is important, so we need to be mindful of this, especially when working as a mental health professional.

MODELS OF PSYCHOPATHOLOGY

The following sections outline some of the main explanatory frameworks currently used to understand mental distress within Western cultures.

Biological model

This has been the dominant approach to mental health since the development of medicine and biological sciences. Science seeks to explain phenomena in objective terms, producing laws that can be generalised. This has led to the categorisation of lived experience of mental health problems into symptoms and diagnoses in manuals such as the Diagnostic Statistical Manual (DSM) and International Classification of Diseases (ICD). It has also led to developments in pharmacological treatments for some of these conditions, which have had a profound effect on the quality of life of many people with severe mental health problems.

This model has most support for serious mental health problems that have been shown to have a biological basis. When considering common mental health problems such as depression and anxiety it is impossible to be totally objective when trying to make sense of someone's emotional experience. Interpretation will always play a role, and our own background, beliefs and personal experiences will guide our interpretation. Alternative models that follow attempt to address some of these shortfalls.

Biopsychosocial model

Developed by Engel in the 1970's, this model suggests that any disorder (physical or psychological) needs to be understood in terms of biological, psychological and social factors. More recently, there has been a renewed emphasis on the importance of neurological processes as influencing mental health. From this perspective individual differences in life experiences and culture can be considered, and a holistic approach to treatment adopted.



Psychodynamic model

Freud believed that we develop through a series of stages, each defined by a particular psycho-sexual function. If particular needs are not met during these phases, then it was predicted that some form of mental problem would befall the person in later life. Early research by Freud included detailed individual case studies of people displaying mental distress. For example, hysteria or fear of specific objects. These experiences were explained in terms of arrested or disturbed psycho-sexual development.

Humanistic model

Sometimes referred to existential humanism, it seeks to understand the human experience. Relational processes are central to this approach. There is a focus on personal growth which gave rise to positive psychology. Internal experience is given a language to explore and understand issues affecting the person's psychological health, including attachments, identity and loss. Expressing emotional distress is the focus of therapy which is done within a safe and empathetic therapeutic relationship.

OTHER MODELS AND EXPLANATIONS

Social Constructionism

This is the view that mental distress is a social construct given meaning in discourse. Issues of power and identity are made relevant in the talk and texts between health professionals and people experiencing mental distress. This places an emphasis on language as a means for constructing notions of mental health problems in our everyday conversations and interaction. This view departs from the positivistic paradigm of science, to adopt a relativist position that values individual differences.

Behavioural model

Behaviourism is based on Learning Theory, which aims to explain behaviour in terms of conditioning. There is an emphasis on reinforcement as the mechanism of change. This takes two forms – classical conditioning where negative reinforcement is the main driver (avoidance of the feared object or stimuli), and operant conditioning where positive reinforcement (rewards) and punishment are the primary drivers for change. Mental distress is understood as being the result of conditioning.

Cognitive behavioural model

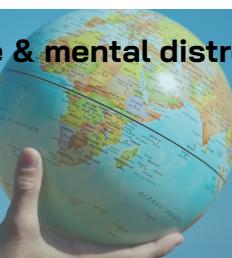
Combining theory from cognitive science and behaviourism, the cognitive behavioural model recognises the role of both behaviours and thoughts (content and processes) in maintaining emotional difficulties. Patterns of emotional distress are understood in terms of a vicious cycle of physical sensations, thoughts and behaviours occurring within a specific context. Breaking the cycle is the aim of CBT treatment. This can be done at a cognitive and/or behavioural level. It uses a biopsychosocial framework

Historical perspective

Early understanding of mental distress was largely based on supernatural causes such as spirits or demons. The person displaying any signs of mental distress would often be feared or revered, and drastic measures used to try and control or eradicate the problem. This led to torture and genocide based on society's beliefs at the particular time in history. Little more than 100 years ago in the UK there was the Idiots and Lunacy Act legislating that people with mental health or learning disabilities should be locked away in institutions to protect the wider society.



Culture & mental distress



The experience of mental distress is not universal. Culture will be part of the social influences that affect how we think about and feel emotions. This includes cultural values and rules related to expressing internal mental experiences.

Suggested activities

- Reflect on the issues raised in this guide
- Read around the subject using a diverse range of texts from different fields to get a broad perspective
- Talk to mental health professionals about their position on psychopathology and how this relates to the treatment approaches they use
- Write a list of the different terms for mental distress through time and across cultures
- Write a personal position statement on your view of psychopathology