Outline

- Defining Abnormality
- Categorization and Assessment of Psychological Disorders
- Cultural Differences in Psychological Disorders
- Culture Bound Disorders
- Mental Health of Specific Groups

Definition

- What is “abnormal”?  
  - Deviance
  - Distress*
  - Maladaptive
    - Dysfunction*
    - Danger

Deviance

- Statistical infrequency  
  - Rare ≠ Bad
  - How rare is rare?

- Culturally-based  
  - Violation of ____________

Distress

- Personal suffering  
  - Not all psychopathology → suffering

- Not all suffering → psychopathology
Maladaptive: Dysfunction

- Interference with daily functioning
  - Personal
  - Social
  - Occupational

Maladaptive: Danger

- To self
- To others
  - This is _______ common

Defining Abnormality

- Defining “abnormal” according to your book:
  - Statistical approach
  - Deviance
  - Criteria of impairment or inefficiency
  - Dysfunction
  - Subjective distress
  - Must apply cultural relativism to abnormality

Defining Abnormality

- Two perspectives:
  - Relativist Perspective
    - Can only understand abnormal by understanding the culture
  - Universalist Perspective
    - Cross-cultural similarities exist
5 Areas Where Culture Affects Psychological Disorders

- Subjective experience
- Idioms of distress
- Diagnoses
- Treatment
- Outcome

Once upon a time...

- Demonic model
- Medical model
- Biopsychosocial model

Classifying Psychological Disorders

- Why Classify Disorders?
  - To help in deciding on therapy
  - To know what to expect
  - To understanding the causes

Classifying Psychological Disorders: US

- Diagnostic and Statistical Manual of Mental Disorders (DSM)
  - Classifies and describes disorders
  - Gives criteria for diagnosis
**DSM Classifications (just FYI)**

<table>
<thead>
<tr>
<th>Axis I</th>
<th>Is a Clinical Syndrome present? (cognitive, anxiety, mood disorders [16 syndromes])</th>
</tr>
</thead>
<tbody>
<tr>
<td>Axis II</td>
<td>Is a Personality Disorder or Mental Retardation present?</td>
</tr>
<tr>
<td>Axis III</td>
<td>Is a General Medical Condition (diabetes, hypertension or arthritis etc) also present?</td>
</tr>
<tr>
<td>Axis IV</td>
<td>Are Psychosocial or Environmental Problems (school or housing issues) also present?</td>
</tr>
<tr>
<td>Axis V</td>
<td>What is the Global Assessment of the person's functioning?</td>
</tr>
</tbody>
</table>

**Other Classification Systems**

- **International Classification of Diseases (ICD-10)**
  - Published by the world health organization
  - Focuses mostly on _________ diseases
  - Mainly just descriptive

- **Chinese Classification of Mental Disorders (CCMD)**
  - Influenced by DSM and ICD, but specific to Chinese culture

**Problem for Classification: Comorbidity of Disorders**

**Other Classification Issues**

- **Reliability**
  - Interrater reliability (between clinicians)
  - Disorders with same/similar symptoms
  - Individual differences

- **Validity**
  - Errors in diagnosis
  - Labeling Issues

- Can be hard to establish these across cultures!
Problems with Classification

- Overpathologizing
  - Seeing culturally normal behavior as __________

- Underpathologizing
  - Seeing behavior as culturally __________ when in fact it may be abnormal

Measurement of Personality to Assess Psychological Disorders

- Personality tests also assess clinical states and psychopathology

- Minnesota Multiphasic Personality Inventory (MMPI)
  - Reliable and valid in assessing psychopathology and abnormal behavior in multi-cultures
  - Caution with specific populations
    - Ex. Native Americans

Schizophrenia

- Disorder characterized by:
  - Highly disorder though processes
  - Split from reality
  - Perception of reality
  - Emotions

Schizophrenia

- Symptoms of Schizophrenia
  - Positive symptoms
    - presence of __________ behaviors
  - Negative symptoms
    - absence of __________ behaviors
Symptoms of Schizophrenia

- Positive symptoms
  - Delusions
  - Hallucinations
  - Disorganized thinking and behavior
- Negative symptoms
  - Flattened affect
  - Slow down of activity
  - Social withdrawal

But: Prenatal Environment

- Identical twins
  - 1 placenta (60%) vs. 2 placentas (11%)
- 2nd trimester of pregnancy
  - Viral epidemics
  - Season of birth
  - Malnutrition
  - Brain development

Onset of Symptoms

- Triggered by life experiences
- Diathesis-Stress Model
- Frontal lobe still maturing into 20s
- Myelination

Diathesis-Stress Model

Diatheses ↔ Stressors → Outcome

- Predisposition/Risk Factor
- Trigger
- Disorder

- Prenatal Exposure to Malnutrition
- Extreme Family Conflict
- Schizophrenia
Schizophrenia Across Cultures

- International Pilot Study of Schizophrenia (IPSS)
  - Universal symptoms: lack of insight; auditory and verbal hallucinations; ideas of reference
  - Differences: course of illness more ________ for patients in developing countries
  - Symptom manifestation also varies between countries

Depression

- Unrelenting lack of pleasure in life
- Physical, motivational, and emotional/behavioral changes
- Impairs daily functioning
- More common in women across all cultures

Biological Factors

- Genetics
- Prefrontal Cortex
- Neurotransmitter systems
  - Serotonin
  - Norepinephrine
  - Dopamine

Cognitive Factors

- Attributions
  - Internal, Stable, Uncontrollable
  - Global
- Helplessness Theory
  - Negative experiences are:
    - Internal, Stable, and Global
  - Compare to Self-serving bias
Learned Helplessness

- Tendency to feel helpless in the face of events we can't control
- Related to Uncertainty Avoidance?

Sociocultural Factors

- Life stressors
  - Example: Loss of someone or something highly valued
- Poverty, Gender

Depression

- WHO study of depression:
  - Cross-cultural symptoms: "sadness, joylessness, anxiety, tension, lack of energy, loss of interest, loss of ability to concentrate, and ideas of insufficiency"
- Symptoms may vary due to
  - Sources of stress
  - Coping mechanisms
  - Norms of emotional expression

Attention-Deficit/Hyperactivity Disorder

- Universal Symptoms:
  - inattentiveness, impulsivity, and hyperactivity
- Across culture, more common in boys
- Differences
  - Perceptions of cause of ADHD
  - Biochemical or social/cultural
### Attention-Deficit/Hyperactivity Disorder

- ADHD working group:
  - ADHD is neurological disorder found in all cultures
  - ADHD is unrecognized, underdiagnosed, and subsequently, left untreated in many countries

### Culture-Bound Syndromes

- Psychological disorders observed only in certain cultures
- Emphasizes the importance of culture in ______________ expression of psychological disorders

### Culture-Bound Syndromes

- Examples of culture-bound syndromes:
  - *Amok (Malaysia)* - sudden rage and homicidal aggression
  - *Zar* - Possession by spirits; expressed by involuntary movements, mutism, and incomprehensible language

### African Americans

- **Resilience**
  - Lifetime and 12-month prevalence rates of major depression and panic disorder
  - Protective factors: strong family, community, and religious networks
  - __________ lifetime prevalence rates of bipolar disorder and schizophrenia

- **Sub-Populations**
  - African American vs. Caribbean Black studies
Latino Americans

- Variations in rates of mental illness among different Latino groups
- Factors influencing mental health:
  - Reception of immigration
  - History of immigration
  - Varying socioeconomic status
  - Experiences with discrimination
  - Strength of ethnic community

Asian Americans

- "Model minority" stereotype
  - May not be true and may hide real mental health issues
- Heterogeneous (not all the same)
  - Culture, language, history of immigration
- Lowest 12-month prevalence of disorders
  - Major depression, mania, panic disorder, and anxiety disorders

Native Americans

- High prevalence of depression, other mood and anxiety disorders, and rates of alcohol and suicide
- Possibly be due:
  - Historical trauma, community-wide poverty, segregation, and marginalization
- Variations within Native American community should not be overlooked

Refugees

- Traumatic experiences → __________ rates of posttraumatic stress disorder (PTSD), depression, and anxiety
- “Dose effect”: greater __________ of trauma → higher likelihood of experiencing psychological disorder