The Social Context of Mental Illness

Lecture 42
Social Influence in Mental Illness

• Social Learning
  – Phobias, Obsessions, Compulsions

• Social Environment
  – Unpredictable ➔ Anxiety
  – Uncontrollable ➔ Depression

• Vulnerability
  – Depressogenic Schemata
  – Depressogenic Attributional Style

• Relapse and Recovery in Schizophrenia
  – Expressed Emotion
  – Developed vs. Developing Societies

No man is an island,
Entire of itself,
Every man is a piece of the continent,
A part of the main.
If a clod be washed away by the sea,
Europe is the less.
As well as if a promontory were.
As well as if a manor of thy friend's
Or of thine own were:
Any man's death diminishes me,
Because I am involved in mankind,
And therefore never send to know for whom the bell tolls;
It tolls for thee.

John Donne
Meditation XVII
Group Therapy

- Economic Advantage – Efficiency
- Modeling
- Social Support
- Social Context
- “Safe Place” for Practice
Family Therapy for Eating Disorders
Minuchin et al. (1974)

• Open Systems Model
  – Family Organization Triggers Child’s Symptoms
  – Child’s Symptoms Maintain Family Organization

• Family Transactional Characteristics
  – Enmeshment
  – Overprotectiveness
  – Rigidity
  – Lack of Conflict Resolution

• Mobilize Entire Family for Treatment
Where Cure is Impossible

• Irreversible Brain Damage
  – Organic Brain Syndromes
  – Intellectual Disability

• Chronic-Disease Management
  – Schizophrenia
  – Affective Disorder

• Rehabilitation Programs
  – Cope with Chronic Disability
  – Make Optimal Social Adjustment
“Bedlam”

William Hogarth
“Bedlam” Scene from A Rake’s Progress, 1735

Robert Fleury
“Dr. Philippe Pinel at the Salpêtrière” (1795)
Mental Hospital Reform

The Institute of Pennsylvania Hospital, Founded in 1841 by Benjamin Rush

Bethlem Royal Hospital in the 1860s
State Mental Hospitals

Binghamton State Hospital, New York

Napa State Hospital, California

Oregon State Insane Asylum, Salem
The “Pseudopatient” Study
Rosenhan (1973), after Nellie Bly’s *Ten Days in a Mad-House* (1887)

- Confederates Sought Treatment
  - Auditory Hallucinations
  - Ceased Simulation Upon Admission
- Diagnosis of Schizophrenia
- Largely Ignored by Staff
  - Custodial Care
  - Medication ($M = 14$ Capsules/Day)
- Discharge after $M = 19$ days
  - “Schizophrenia in Remission”
The Movement for De-Institutionalization

• Sources
  – Pharmaceutical Revolution
  – “Anti-Psychiatry” Movement
    • Thomas Szasz
    • T.J. Scheff
    • R.D. Laing
  – Disability Rights
  – Economics

• Phases
  – Mental Illness
  – Intellectual Disability
Failure of De-Institutionalization

- Premature Discharge
- Lack of Financing
- Lack of Community Support
  - “Not in My Back Yard”
Token Economies

• Based on Instrumental Conditioning
• Tokens as Secondary Reinforcers
• Motivate Adaptive Social Behaviors

The Basic Token Economy “Cycle”

1. Child has no tokens and no access to desirable items or activities.
2. Child engages in desirable behaviours or “target behaviours”.
3. Child is given tokens for engaging in these target behaviours.
4. Child trades their tokens for access to desirable items or activities.
The Stigma of Mental Illness
Goffman (1963)

• “Attribute that is Deeply Discrediting”
  – “Whole Person” ➞ “Tainted, Discounted One”
• Discrediting
  – Undesirable, Rejected
• Discreditable
  – Vulnerable to Discrediting
• “Passing”
Dimensions of Social Stigma
Jones et al. (1984)

- Concealable
  - Can the Person “Pass” for “Normal”?

- Course of the Mark
  - Stigma Becomes More Apparent Over Time

- Disruptiveness
  - Does Stigma Impair Social Interactions?

- Aesthetics
  - Other People’s Reactions to the Stigma

- Origin
  - Congenital or Acquired?

- Peril
  - Danger to Other People
Components of the Stigma of Mental Illness
Link & Phelan (2001)

- Social Selection
  - Identifies, Labels Differences
- Stereotyping
- “Us” vs. “Them”
- Discrimination, Loss of Status
  - Direct
  - Structural
  - Self-concept
- Exercise of Power
Construals of Deviance

• Statistical, Social Standards for Abnormality
  – Unusual, Nonconforming Behavior as “Sick”
  – Inappropriate Diagnoses

• Moral vs. Medical Model
  – Mentally Ill as Socially Undesirable
  – Mentally Ill Responsible for Own Afflictions
  – Emphasize “Criminal” Role
    • Emphasize Restraint, Confinement
Stigma and the Self-Fulfilling Prophecy

• Stereotyping and Stigma
  – Dominance of First Impressions
  – Diagnoses as Labels
    • Tend to “Stick”

• Expectancy Confirmation Effects
  – Diagnosis as Expectancy
  – Behavioral Confirmation
  – Perceptual Confirmation
  – Effects on Self-Construal
Mental Health Policy
White House Conference on Mental Health (1999)

• “Mental Health is Fundamental to Health”
• “Mental Health Disorders are Real Health Conditions”
• “The Efficacy of Mental Health Treatments is Well Documented”
• “A Range of Treatments Exists for Most Mental Disorders”
The Burden of Mental Illness
Murray & Lopez (1996)

Disability-Adjusted Life-Years Lost

Cardiovascular
Mental Health
Malignant
Respiratory
Infectious
Drug

DALYs
0 2 4 6 8 10 12 14 16 18 20

Cardiovascular
Condition
Mental Health Parity
Mental Health Parity Act (1996)

• Annual/Lifetime Dollar Limits
  – Medical/Surgical
  – Mental Health
• Deductibles, Co-Payments
• Exemptions
  – Substance Abuse, Chemical Dependency
Evidence-Based Practices
Chambless & Ollendeck (2001)

• Scientific Revolution in Medicine
  – Louis Pasteur (Rabies)
  – Robert Koch (Tuberculosis)

• Scientific Revolution in Mental Health
  – Empirically Supported Treatments
    • Evidence-Based Treatments
  – Extensions
    • Assessment, Diagnosis
    • Prevention
Clinical Trials

• Comparison with Control Condition
  – No Treatment (Waiting List)

• Random Assignment of Patients

• Objective Evaluation of Outcomes
  – Blind to Condition

• Statistical Significance

• Multiple Independent Studies
Lines of Improvement

• Comparison Condition
  – Placebo Condition
  – “Standard of Care”

• Clinical vs. Statistical Significance
  – “File-Drawer Problem”

• Mechanism of Action
  – “Dismantling” Studies
The Debate Over Empirically Supported Treatments

• Efficacy (Effectiveness)
• Clinical Judgment
• Patient Values

Clinical Psychology Owes Its Autonomy from Psychiatry, and Its Eligibility for Insurance Payments, to the Assumption that Its Practices Rest on a Firm Scientific Foundation