

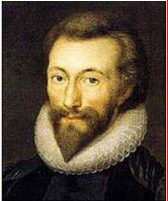
The Social Context of Mental Illness

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

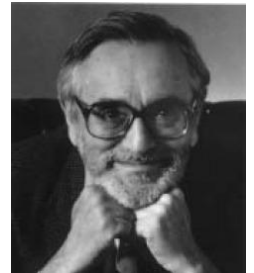


American Psychological Association

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



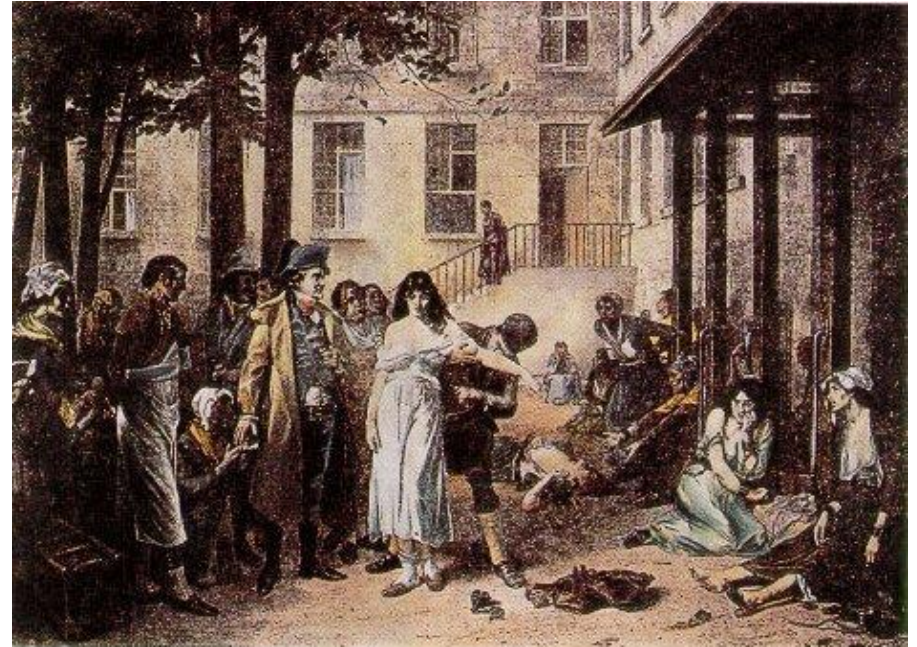
Where Cure is Impossible

- 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”

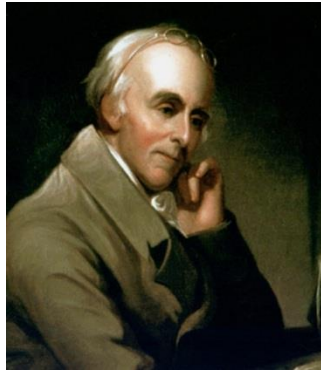


William Hogarth
“Bedlam” Scene from *A Rake's Progress*, 1735



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

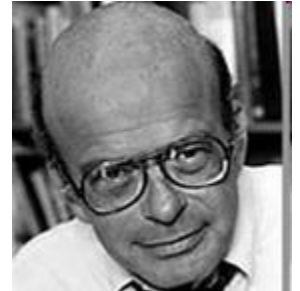


Oregon State Insane Asylum, Salem

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”



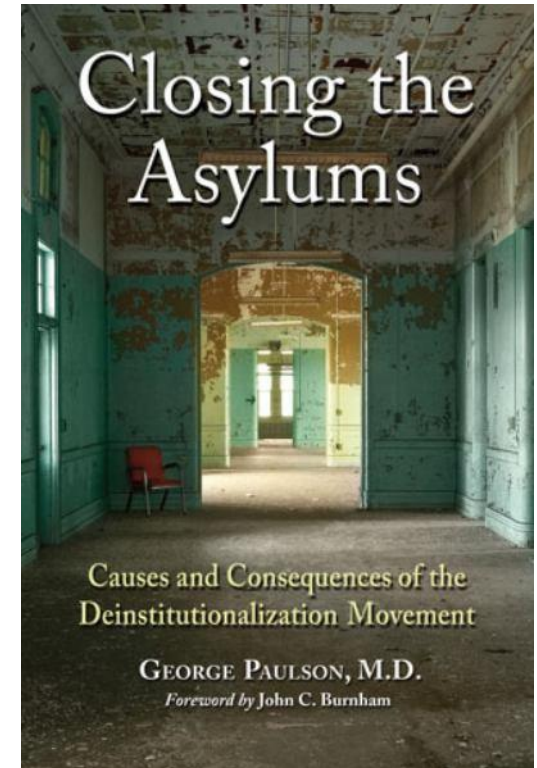
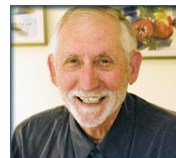
The Movement for De-Institutionalization

- 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

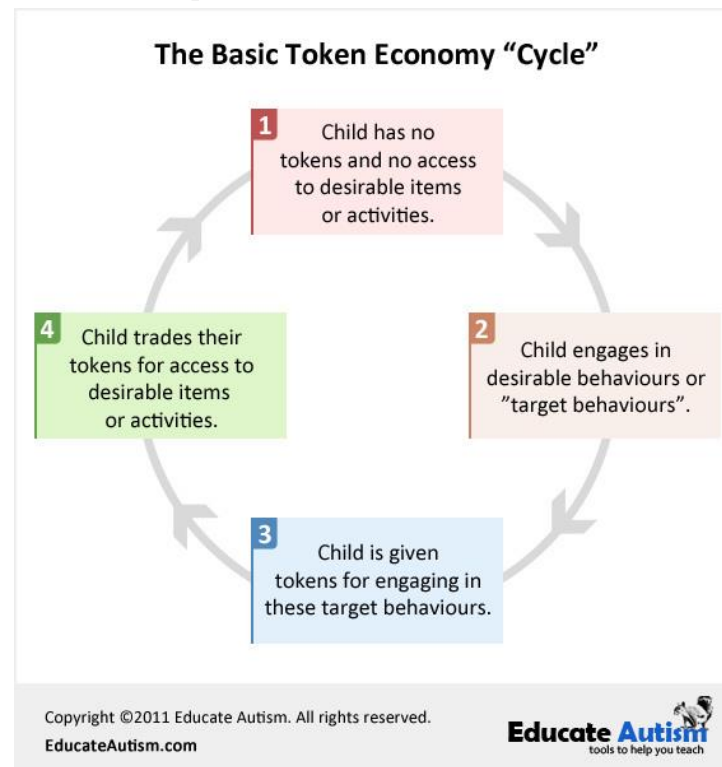
- Premature Discharge
- Lack of Financing
- Lack of Community Support
 - “Not in My Back Yard”



Judy Moriarty

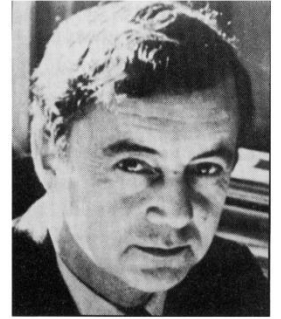
Token Economies

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



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



Serbsky Central Research Institute
for Forensic Psychiatry, Moscow

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-Concept

Mental Health Policy

White House Conference on Mental Health (1999)

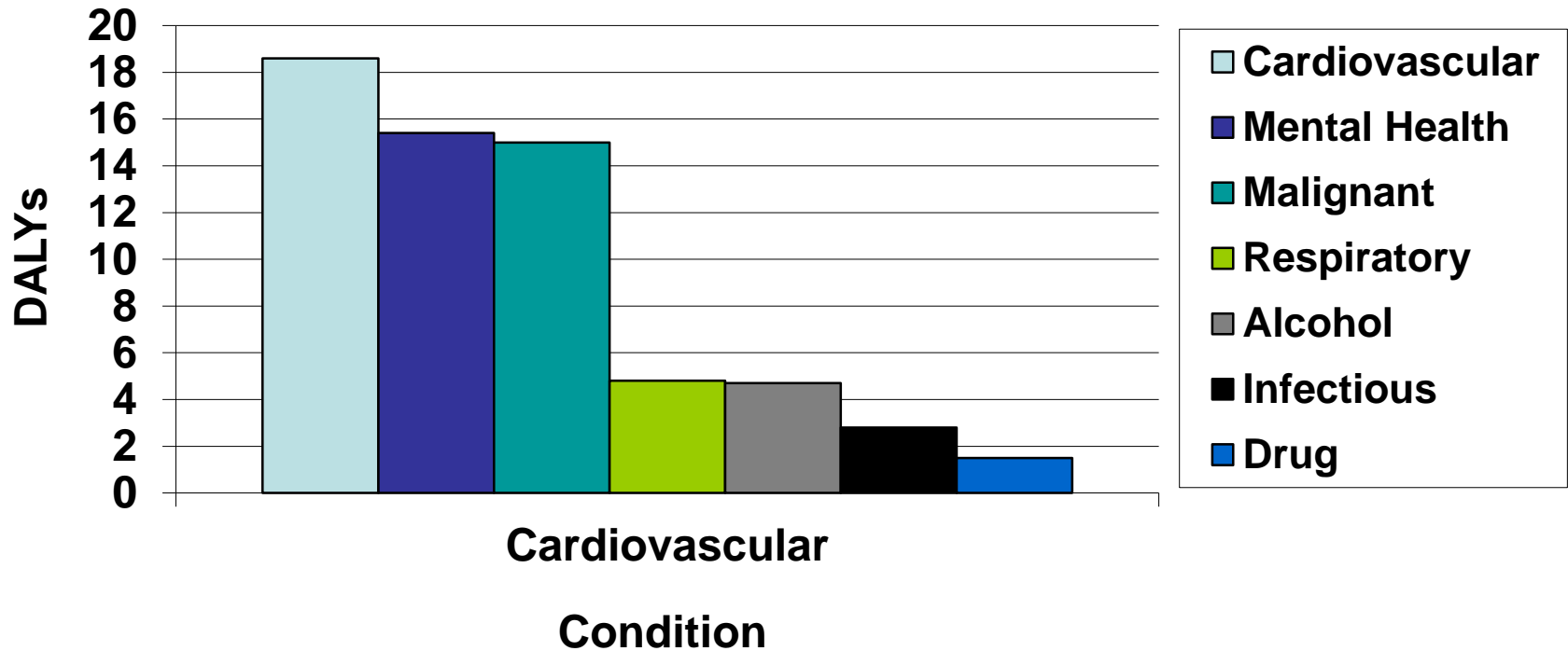
Surgeon General's Report (1999)

- “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



Mental Health Parity

Mental Health Parity Act (1996)

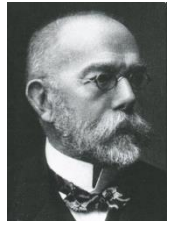
- Annual/Lifetime Dollar Limits
 - Medical/Surgical
 - Mental Health
- Deductibles, Co-Payments
- Exemptions
 - Substance Abuse, Chemical Dependency



Evidence-Based Practices

Chambless & Ollendick (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

Phase I	Phase II	Phase III	Phase IV
20-80 participants	100-300 participants	1,000-3,000 participants	Thousands of participants
Up to several months	Up to (2) years	One (1) - Four (4) years	One (1) year +
Studies the safety of medication/treatment	Studies the efficacy	Studies the safety, efficacy and dosing	Studies the long-term effectiveness; cost effectiveness
70% success rate	33% success rate	25-30% success rate	70-90% success rate

CERN Foundation

- Multiple Independent Studies

Lines of Improvement

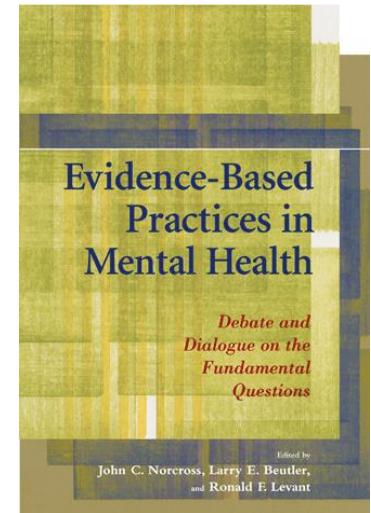
- Comparison Condition
 - Placebo Condition
 - “Standard of Care”
- Clinical vs. Statistical Significance
 - “File-Drawer Problem”
- Mechanism of Action
 - “Dismantling” Studies



West Virginia
Department of Education

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