

Module 4

- **Normality and Abnormality**
- **Mental Health and Mental illness, mental health professionals**
- **Biological, psychological and socio cultural causal factors of abnormality**
- **psychology of well-being**

Normality and Abnormality

In psychology, normality and abnormality are concepts used to distinguish between typical and atypical behaviors, thoughts, or emotions. These concepts help mental health professionals identify patterns that may indicate mental health issues and guide treatment approaches.

Normality

Definition: Normality refers to behaviors, thoughts, and emotions that are typical or conform to societal and cultural expectations. What is considered "normal" can vary across different cultures and contexts.

Characteristics:

- Adaptiveness: Normal behavior usually allows individuals to function effectively in daily life.
- Cultural Relativity: Normality is heavily influenced by cultural norms and values, making it context-dependent.
- Statistical Average: Often, normal behavior falls within the statistical average of a population.

Abnormality

Definition: Abnormality involves behaviors, thoughts, or emotions that deviate significantly from what is considered typical or socially acceptable. It often disrupts a person's ability to function effectively and may cause distress to the individual or those around them.

There is still no universal agreement about what is meant by abnormality or disorder. It is to be understood that "normality only varies in degrees and not in kind".

Causes

- Abnormal behavior can arise from multiple factors.
- Biological Factors: Genetic predisposition, brain chemistry imbalances, or neurological disorders.
- Psychological Factors: Trauma, stress, maladaptive thought patterns, or emotional disturbances.
- Environmental Factors: Family dynamics, socioeconomic status, and cultural influences.
- Biopsychosocial Model: Considers an interaction of biological, psychological, and social factors contributing to abnormal behavior.

suffering

- Definition: Refers to the personal distress or emotional pain experienced by an individual.
- Significance: If a person is suffering and expressing significant emotional or physical discomfort, it can be an indicator of psychological abnormality.
- Example: Chronic feelings of anxiety or depression that disrupt a person's life.

maladaptiveness

- Definition: Behavior that interferes with an individual's ability to adapt and function in daily life.
- Significance: Maladaptive behaviors hinder an individual's ability to meet personal goals or societal expectations.
- Example: Substance abuse that leads to job loss or damaged relationships is considered maladaptive.

Statistical Deviancy

- Definition: Refers to behavior that is statistically rare or not common in the general population.
- Significance: If a behavior deviates significantly from the statistical norm, it may be labeled as abnormal.
- Example: Hearing voices or having delusions are statistically rare and could indicate a psychological disorder.
- Limitation: Not all statistically rare behaviors are considered abnormal (e.g., high intelligence).

Violation of the standards of the society

- Definition: Behavior that goes against societal norms and expectations.
- Significance: When a person's behavior is markedly different from what is socially acceptable, it can be considered abnormal.
- Example: Public displays of aggressive or erratic behavior that breach social rules.
- Consideration: Cultural context is important as societal standards vary greatly across cultures.

Social discomfort

- Definition: When a person's behavior makes others in their social environment feel uncomfortable or threatened.
- Significance: If an individual's actions cause unease or tension in social situations, it may be a sign of abnormality.
- Example: A person shouting obscenities in a public space could create significant discomfort for bystanders.

Irrationality and Unpredictability

- Definition: Behavior that lacks logical reasoning or occurs in an unpredictable manner.
- Significance: If a person's behavior is irrational and cannot be understood by others or if they act in ways that are unpredictable, it may indicate psychological issues.
- Example: Sudden, unprovoked emotional outbursts or actions that seem detached from reality.
- Note: While some level of unpredictability can be normal, extreme and persistent patterns raise concerns.

Classification systems for mental disorders

Classification systems for mental disorders are essential tools in the field of psychology and psychiatry. They provide standardized criteria for diagnosing and studying mental health conditions

- **Nomenclature:** They provide a structured naming system for mental disorders, enabling clear and consistent communication among healthcare providers.
- **Organization of Information:** These systems allow for the systematic arrangement of mental health conditions, making it easier to study and understand their characteristics, prevalence, causes, and potential treatments.
- **Research and Treatment:** By categorizing disorders, researchers can better investigate their causes and effective treatments, leading to advancements in mental health care.

Main Classification Systems:

1 The Diagnostic and Statistical Manual of Mental Disorders (DSM):

- The most recent version is the DSM-5-TR (Text Revision of the Fifth Edition).
- **Scope and Use:** The DSM is primarily used in the United States and by some other countries. It is a comprehensive guide that provides diagnostic criteria for mental disorders, descriptions, and other relevant details

Structure

- Disorders are grouped into categories (e.g., mood disorders, anxiety disorders, psychotic disorders).
- Each disorder is defined by specific diagnostic criteria, symptomatology, duration, and exclusion criteria

Benefits

- Facilitates accurate and consistent diagnoses.
- Supports research by providing common diagnostic language.
- Aids in treatment planning by detailing typical courses and comorbidities

Criticism

- Some argue that it overly pathologizes normal variations in behavior.
- Cultural biases and the potential for over-diagnosis have been points of concern.

2 The International Classification of Disorders (ICD):

- The ICD-11, released in 2019.
- **Scope and Use:** The ICD is an international classification system used worldwide for a broader range of health conditions, including mental disorders. It is widely adopted by countries for diagnostic, reporting, and research purposes.

Structure

- The ICD covers both physical and mental health conditions, making it a more comprehensive system than the DSM.
- Mental disorders are included in a chapter specifically dedicated to these conditions, with detailed diagnostic codes and criteria.

Benefits

- Facilitates global tracking of health trends and data collection.
- Allows for international standardization, supporting cross-border research and collaboration

Criticism

- Some users find it less detailed for mental health compared to the DSM.
- Differences in categorization and criteria between ICD and DSM can sometimes lead to discrepancies in diagnosis.

Comparison of DSM and ICD

- **Primary Focus:** While both classify mental disorders, the DSM focuses exclusively on mental health, whereas the ICD covers all health conditions.
- **Global Use:** The DSM is more widely used in the U.S., while the ICD is used globally and recognized as an official health classification system.
- **Content Detail:** The DSM provides more in-depth descriptions and diagnostic criteria for mental disorders, while the ICD offers a broader scope with an emphasis on applicability across all areas of health.
- **Development Process:**
 - The DSM is developed by a panel of mental health experts from the APA.
 - The ICD is developed through international collaboration led by the WHO, making it more representative of diverse global perspectives.

Importance of Classification Systems:

- **Enhanced Understanding:** Both the DSM and ICD provide mental health professionals with frameworks to understand complex mental health conditions.
- **Improved Treatment:** Clear classification systems guide evidence-based treatment protocols and interventions.
- **Standardized Communication:** These systems enable consistent and precise communication between healthcare providers, researchers, and policymakers.

Mental Health and Mental illness, mental health professionals

Mental health

- **Definition:** According to the World Health Organization (WHO), mental health is "a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community."
- **Characteristics:**
 - Mental health is not just the absence of mental illness but a positive state of well-being.
 - It allows individuals to navigate life, manage stress, engage in productive activities, and maintain fulfilling relationships.
 - Good mental health contributes to overall life satisfaction and resilience in the face of adversity.

Mental health can affect a person's day-to-day life, relationships, and physical health. External factors in people's lives and relationships can also contribute to their mental well-being. This involves balancing their activities, responsibilities, and efforts to achieve psychological resilience.

"Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community." -WHO

The WHO states that mental health is "more than the absence of mental disorders." Peak mental health is about managing active conditions and maintaining wellness and happiness.

Mental Illness

- A mental illness is a health concern. It can affect our thoughts, mood, or behaviour. It can impact the way we perceive the world around us.
- A mental illness can cause distress. It may affect how you cope at work, how you function in relationships and your ability to manage everyday tasks
- Mental illnesses can last for a short time or for your whole life. Some mild mental illness lasts only a few weeks. Sometimes severe illnesses can be life-long and cause serious disability.

Neurosis

Neurosis is a term historically used in psychology and psychiatry to describe a range of mental health conditions characterized by chronic distress, anxiety, and emotional instability. Unlike psychotic disorders, neurosis does not involve a break from reality or significant impairments in perception or cognition

- **Emotional Distress:** Individuals with neurosis often experience persistent feelings of anxiety, depression, or irrational fears.
- **No Loss of Reality:** Unlike psychosis, people with neurosis do not experience delusions or hallucinations. They remain in touch with reality but are often overwhelmed by their symptoms.
- **Coping Mechanisms:** Neurotic behavior often arises from attempts to manage stress and underlying emotional conflicts.
- **Impact on Daily Life:** While it can be disruptive, neurosis typically allows individuals to function in day-to-day activities, albeit with difficulties related to stress, anxiety, or obsessive behaviors.

Common types of neurosis

- **Generalized Anxiety Disorder (GAD):** Persistent, excessive worry about everyday matters.
- **Obsessive-Compulsive Disorder (OCD):** Recurring intrusive thoughts (obsessions) and repetitive behaviors (compulsions) aimed at reducing anxiety.
- **Phobias:** Irrational fears of specific objects or situations that lead to avoidance behaviors.
- **Panic Disorder:** Sudden, intense episodes of fear accompanied by physical symptoms like a racing heart and shortness of breath.
- **Somatic Symptom Disorder:** Excessive focus on physical symptoms, such as pain or fatigue, which leads to emotional distress and difficulties functioning.
- **Depressive Neurosis:** Chronic low mood and feelings of inadequacy without meeting the full criteria for major depression

Historical context

- **Origins:** The term “neurosis” was first coined by Scottish physician William Cullen in the 18th century to describe a range of nervous disorders with emotional and physical symptoms.
- **Psychoanalytic View:** Sigmund Freud later popularized the concept, associating neurosis with unconscious conflicts stemming from repressed impulses and childhood experiences. He believed that neurotic symptoms were defense mechanisms to manage these conflicts.
- **Shift in Terminology:** In modern psychiatry, the term "neurosis" has largely been replaced by more specific diagnoses found in the DSM (Diagnostic and Statistical Manual of Mental Disorders) and ICD (International Classification of Disorders). The DSM-III (published in 1980) eliminated "neurosis" as a formal diagnosis, opting for clearer, symptom-based categories.

Treatment of Neurosis

- **Psychotherapy:** Various forms of therapy, such as cognitive-behavioral therapy (CBT), psychoanalysis, and talk therapy, are used to help individuals understand and manage their symptoms.
- **Medication:** In some cases, antidepressants or anti-anxiety medications may be prescribed to alleviate severe symptoms.
- **Lifestyle Changes:** Incorporating stress-reducing practices such as exercise, mindfulness, and healthy social interactions can support recovery.

psychosis

- Psychosis is a mental health condition characterized by a disconnection from reality. This can result in disruptions to a person's thinking, perception, emotions, and behavior. People experiencing psychosis may have difficulty distinguishing between what is real and what is not, leading to significant impairment in their ability to function.
- Hallucinations: Sensory experiences that appear real but are created by the mind. They can affect any of the senses but most commonly involve hearing voices (auditory hallucinations).
- Delusions: Strongly held false beliefs that are not based in reality, such as thinking one has special powers or that others are plotting against them (paranoia).
- Disorganized Thinking and Speech: Difficulty in maintaining logical thought processes, leading to incoherent or tangential speech.
- Abnormal Motor Behavior: This may include agitation, repetitive movements, or catatonia (a state of unresponsiveness).
- Impaired Insight: Often, individuals experiencing psychosis are unaware that their thoughts or experiences are not grounded in reality

Causes of psychosis

- Psychosis can be triggered by a variety of factors, including
- Mental Health Disorders:
 - Schizophrenia: A chronic condition that often includes hallucinations, delusions, and disorganized thinking.
 - Bipolar Disorder: During manic or depressive episodes, some individuals may experience psychotic symptoms.
 - Severe Depression: Known as psychotic depression when accompanied by psychosis.
- Substance Abuse: The use of drugs such as LSD, methamphetamine, and heavy alcohol consumption can induce psychotic episodes.
- Medical Conditions: Brain tumors, neurological diseases (e.g., Parkinson's, Alzheimer's), and other medical issues can lead to psychosis.
- Trauma and Extreme Stress: Traumatic events, especially when combined with predisposing factors, can trigger a brief psychotic episode.
- Genetic Factors: A family history of psychosis or related mental health conditions increases the risk of developing psychotic disorders.
- Biochemical Imbalances: Neurotransmitter dysfunction, particularly involving dopamine, is linked to psychotic symptoms.

Diagnosis and treatment

- Diagnosis: Typically involves a thorough clinical assessment, including medical history, mental status examination, and sometimes neuroimaging or blood tests to rule out medical causes.
- Treatment Options:
 - Antipsychotic Medications: These drugs help manage psychotic symptoms by altering the effects of neurotransmitters in the brain.
 - Psychotherapy: Cognitive-behavioral therapy (CBT) and supportive counseling can assist individuals in understanding and coping with their symptoms.
 - Hospitalization: In severe cases, short-term hospitalization may be necessary for safety and stabilization.
 - Supportive Treatments: Social support, rehabilitation programs, and community services can aid in recovery and integration.

Types of mental disorders

mood disorders

- Definition: Disorders primarily characterized by significant disturbances in a person's mood.
- Examples:
- Major Depressive Disorder (MDD): Persistent feelings of sadness, loss of interest, and fatigue.
- Bipolar Disorder: Alternating episodes of depression and mania/hypomania.
- Dysthymia (Persistent Depressive Disorder): Chronic, less severe depression lasting for at least two years.

Anxiety disorder

- Definition: Disorders involving excessive fear, worry, or anxiety that disrupt daily activities.
- Examples:
- Generalized Anxiety Disorder (GAD): Persistent and excessive worry about various aspects of life.
- Panic Disorder: Sudden, unexpected panic attacks marked by intense fear and physical symptoms.
- Social Anxiety Disorder: Extreme fear of social interactions or being judged.
- Phobias: Intense, irrational fear of specific objects or situations (e.g., heights, spiders)

Psychotic disorder

- Definition: Severe mental disorders that cause abnormal thinking and perception, leading to a detachment from reality.
- Examples:
- Schizophrenia: Characterized by hallucinations, delusions, disorganized speech, and impaired functioning.
- Schizoaffective Disorder: Features of both schizophrenia and mood disorder symptoms.
- Delusional Disorder: Persistent delusions without other major symptoms of psychosis.

Personality disorder

- Definition: Enduring patterns of behavior and inner experiences that deviate significantly from cultural norms and cause distress or impaired functioning.
- Examples:
- Borderline Personality Disorder (BPD): Intense emotions, unstable relationships, and impulsive behavior.
- Antisocial Personality Disorder: Disregard for others' rights, often leading to aggressive or unlawful behavior.
- Narcissistic Personality Disorder: Inflated sense of self-importance and need for admiration.

Substance-Related and Addictive Disorders

- Definition: Disorders involving the use of substances that affect mental and physical health or behavioral addictions.
- Examples:
- Substance Use Disorders: Dependence on or abuse of drugs or alcohol.
- Gambling Disorder: Compulsive gambling behavior despite negative consequences.

Trauma and Stressor-Related Disorders

- Definition: Disorders that develop after exposure to a traumatic or stressful event.
- Examples:
- Post-Traumatic Stress Disorder (PTSD): Persistent distress following trauma, with symptoms like flashbacks, nightmares, and hypervigilance.
- Acute Stress Disorder: Similar to PTSD but with a shorter duration.
- Adjustment Disorder: Emotional or behavioral symptoms in response to a significant life change or stressor.

Eating disorder

- Definition: Disorders characterized by abnormal eating behaviors and severe concerns about body weight or shape.
- Examples:
- Anorexia Nervosa: Restrictive eating leading to significant weight loss and fear of gaining weight.
- Bulimia Nervosa: Episodes of binge eating followed by compensatory behaviors (e.g., purging).
- Binge-Eating Disorder: Recurrent episodes of eating large quantities of food without compensatory behavior.

Mental Health professionals

Psychiatrist

- -specialized doctors who diagnose, treat, and prevent mental, emotional, and behavioral disorders using a combination of psychiatric medicine, physical exams, and lab tests. They hold either a doctor of medicine (MD) degree

Psychologist

Also diagnose, treat and prevent mental emotional, behavioral disorders but will not prescribe drugs. Psychologist typically hold a doctoral degree like PhD, Psy.D, and they must be licensed and pass general and state specific board exam to practice

Psychiatric nurse

- They typically work in psychiatric hospitals, mental health clinics, correctional facilities, and residential treatment centers. Additionally, they may work in private practice or provide home-based care

Counsellor and counselling

- Counselors usually have a master's degree in counseling or a related field, however, a bachelor's degree may be sufficient for certain counseling roles, such as those focused on substance use disorders. Ex: Mental health counselor, family counselor, child and adolescent counselor, marital counselor etc

Ancient views

Supernatural Causes

Psychological disturbances as being caused by demons, and some of the earliest known treatments for the disorders were exorcisms, starvation, and maybe even trephination (trepanning), which is drilling a hole into the skull. Early explanations of abnormality in Indian, Chinese, and Egyptian cultures all refer to some sort of supernatural causes, along with imbalances in some sort of bodily fluids or forces.

Imbalances

Hippocrates (BC) taught that illnesses had natural causes and that abnormality was the result of some sort of disease process resulting from imbalances of the four humours: black bile, yellow bile, blood, and phlegm.

Development of Asylums

Because people who were "mad" were considered to have lost their ability to reason, they were considered to be less than human and more like animals. Thus, institutions during these times were largely places that "maintained" patients by holding them away from the larger community. Ill people were treated in the most inhumane manner.

Supernatural Causes: In ancient times, psychological disturbances were often attributed to supernatural forces, such as demons or evil spirits. Treatments were harsh and included exorcisms, starvation, and trephination (drilling a hole in the skull) as a means of releasing the supposed evil forces.

Cultural Explanations: Early Indian, Chinese, and Egyptian cultures also connected psychological abnormalities to supernatural elements or spiritual forces, alongside theories of bodily imbalances.

Hippocrates' Four Humours: Hippocrates, a prominent figure in ancient Greek medicine, proposed that mental and physical health depended on the balance of four bodily fluids: black bile, yellow bile, blood, and phlegm. An imbalance in these humours was believed to cause mental disturbances and other illnesses.

Development of Asylums: During the Middle Ages and early modern period, individuals considered “mad” were placed in asylums. These institutions were designed not for treatment but to isolate such individuals from society, often leading to severe and inhumane conditions.

Moral therapy

The idea was essentially a switch from treating people like animals in chains to releasing them from their chains and treating them humanely and with respect.

Clifford Beers in 1908 published "A mind that found itself", a book based on his personal experience of admissions to three mental hospitals. The book had a great repercussion and in the same year a Mental Hygiene Society was established in Connecticut.

The mental hygiene movement implemented actions aimed at reducing the preconditions for mental illness by taking such social measures as the right upbringing, selection of decent work, adequate living and working conditions, and fast and accessible psychiatric services.

The psychological theories and therapies developed in the late 19th and early 20th centuries have continued to evolve.

Moral Therapy: In contrast to the harsh and inhumane conditions of early asylums, moral therapy emerged as an approach that emphasized treating individuals with mental disorders with compassion and respect. This method advocated for humane treatment, the removal of physical restraints, and an environment that encouraged patients' social and psychological well-being.

Clifford Beers' Contribution: In 1908, Clifford Beers published "A Mind That Found Itself," a groundbreaking book that detailed his experiences in mental hospitals and highlighted the mistreatment of patients. The book had a significant impact, drawing public attention to the state of mental health care and inspiring reform. That same year, the Mental Hygiene Society was founded in Connecticut, marking the beginning of organized efforts to improve mental health care.

The Mental Hygiene Movement: This movement aimed to prevent mental illness through proactive social measures. It promoted better upbringing practices, suitable employment, and improved living and working conditions. Additionally, it supported the development of accessible and timely psychiatric services to help individuals maintain mental health and receive early treatment.

Evolution of Psychological Theories and Therapies: The psychological theories and therapies of the late 19th and early 20th centuries laid the foundation for modern practices, continuing to evolve into more comprehensive and humane approaches in mental health treatment and understanding.

- Social Workers:
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- Social workers are professionals committed to assisting individuals, families, and communities in overcoming personal and social difficulties.
- They operate in diverse environments, including public agencies, hospitals, schools, universities, non-profit organizations, and private practice.
- Their work often involves assessing clients' needs, connecting them to community resources, advocating for their well-being, and providing counseling and support to help clients navigate complex life challenges.
- Occupational Therapists (OTs):
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- Occupational therapists play an essential role in helping individuals, including those facing mental health challenges, achieve independence in their daily lives.
- OTs can specialize in mental health, where they incorporate psychoeducation to assist clients in managing their conditions, building routines, and maintaining mental wellness.
- Their practice involves evaluating and treating individuals with injuries, disabilities, or illnesses and helping them develop or regain skills necessary for everyday activities and work.
- OTs work with clients to create personalized plans aimed at developing, recovering, and maintaining the physical, cognitive, and emotional abilities required for independent living and meaningful engagement in life tasks.

Casual factors of abnormality

Biological Factors

- Genetic Inheritance: Certain mental disorders, like schizophrenia and bipolar disorder, have a genetic component, making them more likely to occur in individuals with a family history.
- Neurochemical Imbalances: Irregular levels of neurotransmitters, such as serotonin, dopamine, and norepinephrine, are associated with mood disorders, anxiety, and other mental health conditions.
- Brain Structure and Function: Abnormalities in brain structure or dysfunctions in specific brain regions can contribute to mental disorders (e.g., changes in the amygdala and prefrontal cortex are linked to depression and anxiety).
- Physical Illness and Injury: Conditions such as traumatic brain injury or chronic illnesses can predispose individuals to psychological abnormalities.

Psychological factors

- Trauma and Abuse: Experiencing physical, emotional, or sexual abuse, particularly during childhood, increases the risk of developing mental health disorders.
- Stressful Life Events: Significant stressors like divorce, loss of a loved one, or job loss can act as triggers for psychological conditions.
- Cognitive Patterns: Negative thinking, distorted beliefs, and maladaptive coping mechanisms contribute to disorders like depression and anxiety.
- Parental Influence: Dysfunctional parenting, neglect, and inconsistent discipline can impact a child's psychological development, potentially leading to disorders in adulthood.

socio cultural factors

- Socio-Economic Status: Poverty and unemployment are significant stressors that can exacerbate mental health problems.
- Cultural Expectations: Societal pressures, including unrealistic beauty standards or career success, can lead to conditions like eating disorders or anxiety.
- Discrimination and Prejudice: Experiencing bias or social exclusion based on race, gender, or other identities can lead to chronic stress and affect mental health.
- Community and Social Support: A lack of social support and connectedness can lead to feelings of isolation and contribute to the development of mental health issues.

Biological factors:

Imbalances of chemicals or hormone, genetic factors, brain damage and dysfunction

Psychological factors:

Childhood deprivation, trauma, exposure to stress and violence, family dysfunctions, neglect and abuse, parental psychopathology,

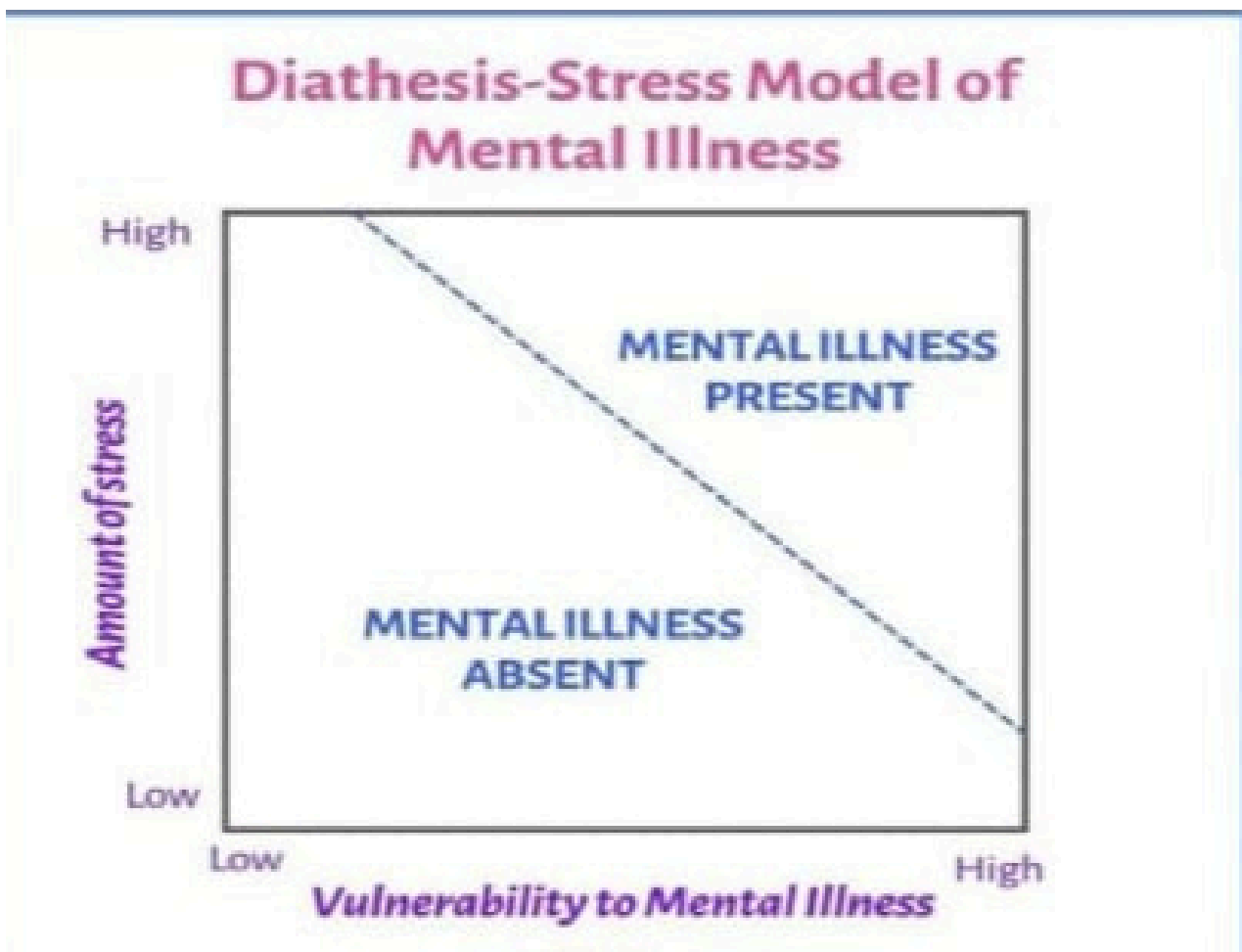
Sociocultural factors:

Low socio-economic status and unemployment, prejudice and discrimination, unsafe neighbourhood, constant threat and social disharmony

No single factor can be said to cause mental illness it is always a combination of factors that disrupts mental wellbeing. Hence an illness is required to be explained from the bio-psycho-socio perspectives

Diathesis Stress Model

- Diathesis refers to a predisposition or vulnerability to developing a mental disorder. This can be due to genetic factors, early life experiences, or other biological susceptibilities.
- Stress refers to the environmental factors that trigger the onset of mental illness or exacerbate existing conditions. These can include significant life events, trauma, and daily stressors.
- Everyone has vulnerabilities due to genes, genetic abnormalities, or the complex interaction of various genes. But just because these predispositions exist does not mean that an individual will develop a particular condition.
- Stress and genetic factors work together to increase your vulnerability, but there are also protective factors that can help counteract some of the effects of stress. A few of these helpful protective factors that buffer the Interaction of diathesis and stress include secure attachments, positive relationships, stress management skills, and emotional competence
- Making lifestyle changes and developing healthy coping mechanisms can help reduce stress and protect your mental health.
- The diathesis-stress model has influenced how researchers investigate mental health conditions. It has helped shift the focus of research from nature vs. nurture debates to a more nuanced understanding of how biological and environmental factors contribute to mental illness.



- The Diathesis-Stress Model is a psychological theory that helps explain the development of mental disorders as the result of an interaction between a pre-existing vulnerability (diathesis) and environmental stressors. Here's a breakdown of the key components:
- Diathesis (Vulnerability): This refers to a predisposition or vulnerability to developing a mental disorder, which can be biological (e.g., genetic makeup), psychological (e.g., negative thinking patterns), or situational (e.g., early childhood trauma). The diathesis itself does not directly cause a disorder but indicates an increased risk.
- Stress: These are external or environmental factors that trigger or exacerbate the potential for developing a disorder. Stressors can include life events like the death of a loved one, job loss, or chronic stressors such as ongoing financial difficulties or an unstable home environment.
- Interaction: The model posits that mental disorders are more likely to develop when an individual with a diathesis encounters significant stress. Someone with a higher predisposition may need only a small amount of stress to develop symptoms, while those with a lower vulnerability may require greater stress.
- Example
- A person with a family history of depression (diathesis) may not develop depression unless they encounter significant stress, such as a job loss or a breakup. Conversely, someone without a genetic predisposition might go through the same stress but not develop depression.
- Importance
- The Diathesis-Stress Model is widely used in understanding the etiology of various psychological conditions, such as depression, anxiety disorders, schizophrenia, and PTSD. It emphasizes that both nature (diathesis) and nurture (stress) contribute to mental health outcomes, aligning with a biopsychosocial approach to understanding mental disorders.

End