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ACBS XI World Conference 2013

Your Life in Context

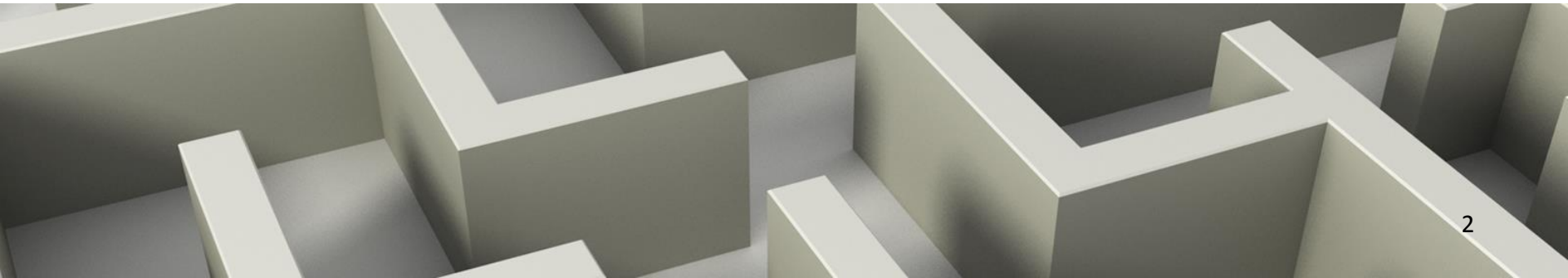
Functional-contextualistic view of mental health

BACKGROUND

Malicki, S., Dudek-Głąbicka, J., Ostaszewski, P. (2013).

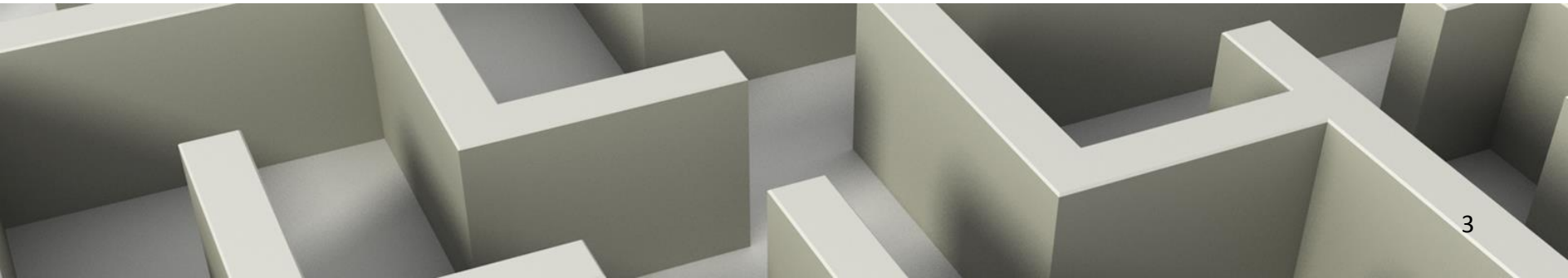
Towards functional-contextualistic understanding of health problems. Postępy Nauk Medycznych, 1/2013, pp. 22-27.

The paper focuses on the role of communication between clinicians and parents of child patients



CONTENT

- Different World hypotheses – different perspectives
- Bio-mechanistic approach to mental health
- Mental health viewed from functional contextualistic perspective



World Hypotheses
according to S. C. Pepper

FORMISM

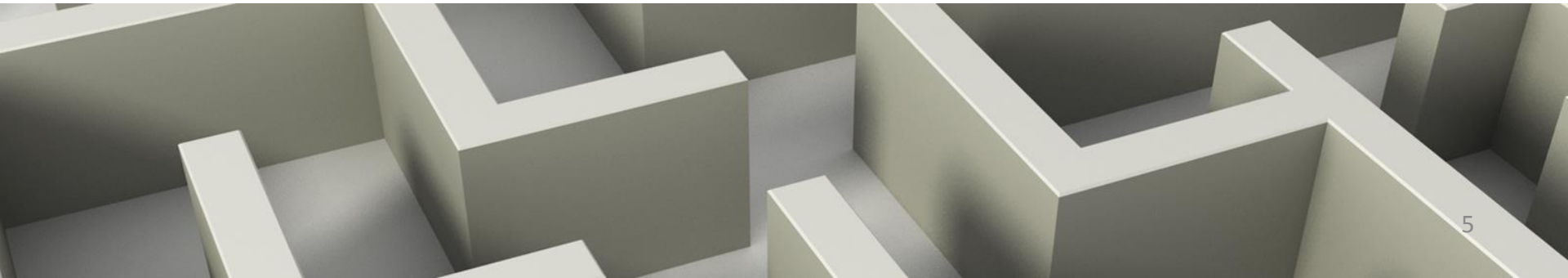
ORGANICISM

CONTEXTUALISM

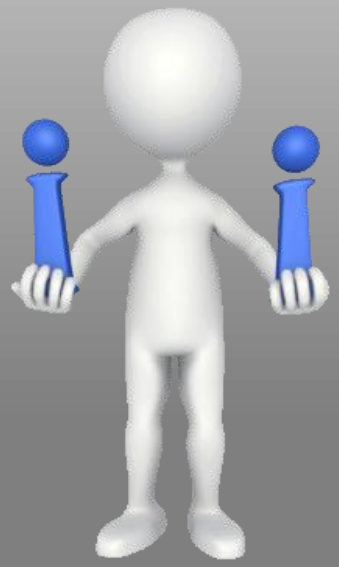
MECHANISM

Pepper's Worldviews

Worldview	Root Metaphor	Truth Criterion
Formism	Similarity (naming)	Correspondence
Mechanism	The machine	Correspondence
Organicism	The organic system	Coherence
Contextualism	Act-in-context	Successful working

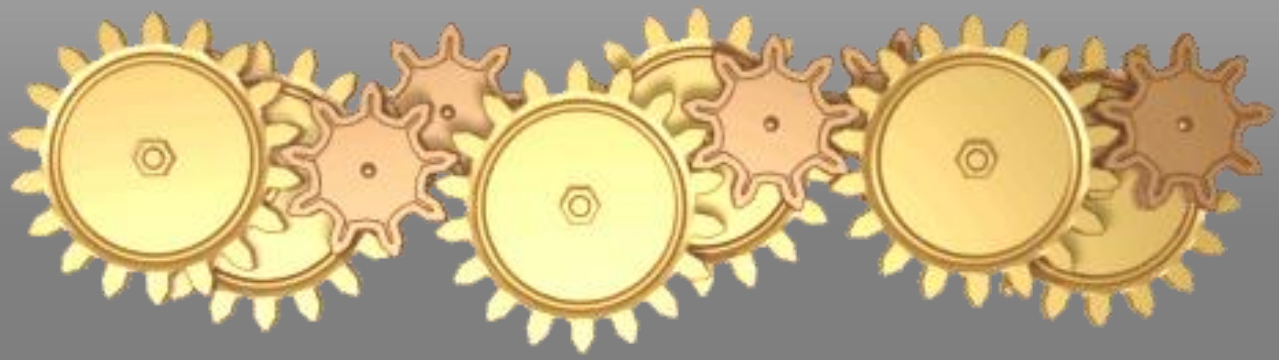


Formism



comparing & sorting (naming)

Mechanism

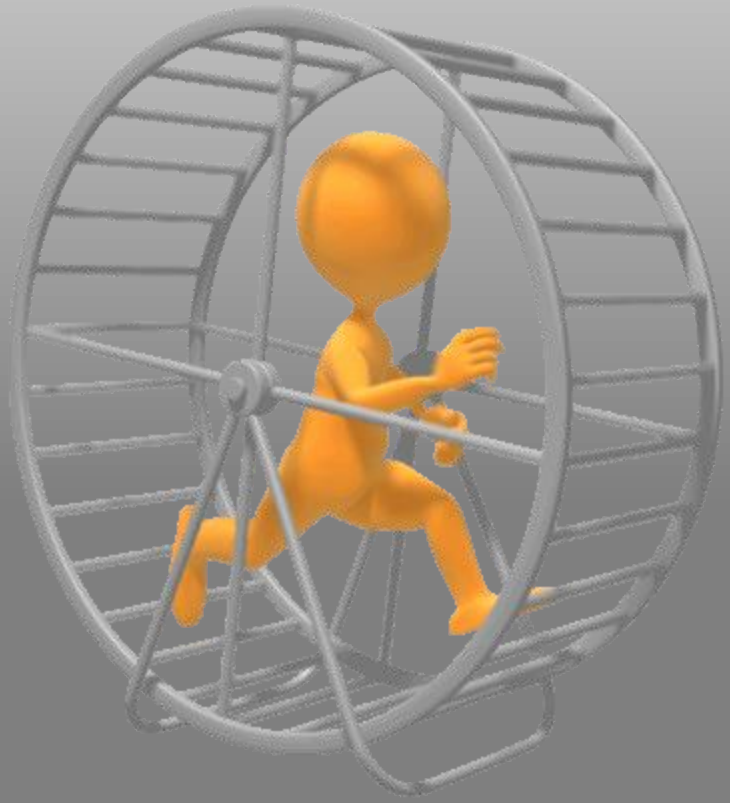


machine

Organicism

growing organism

Contextualism



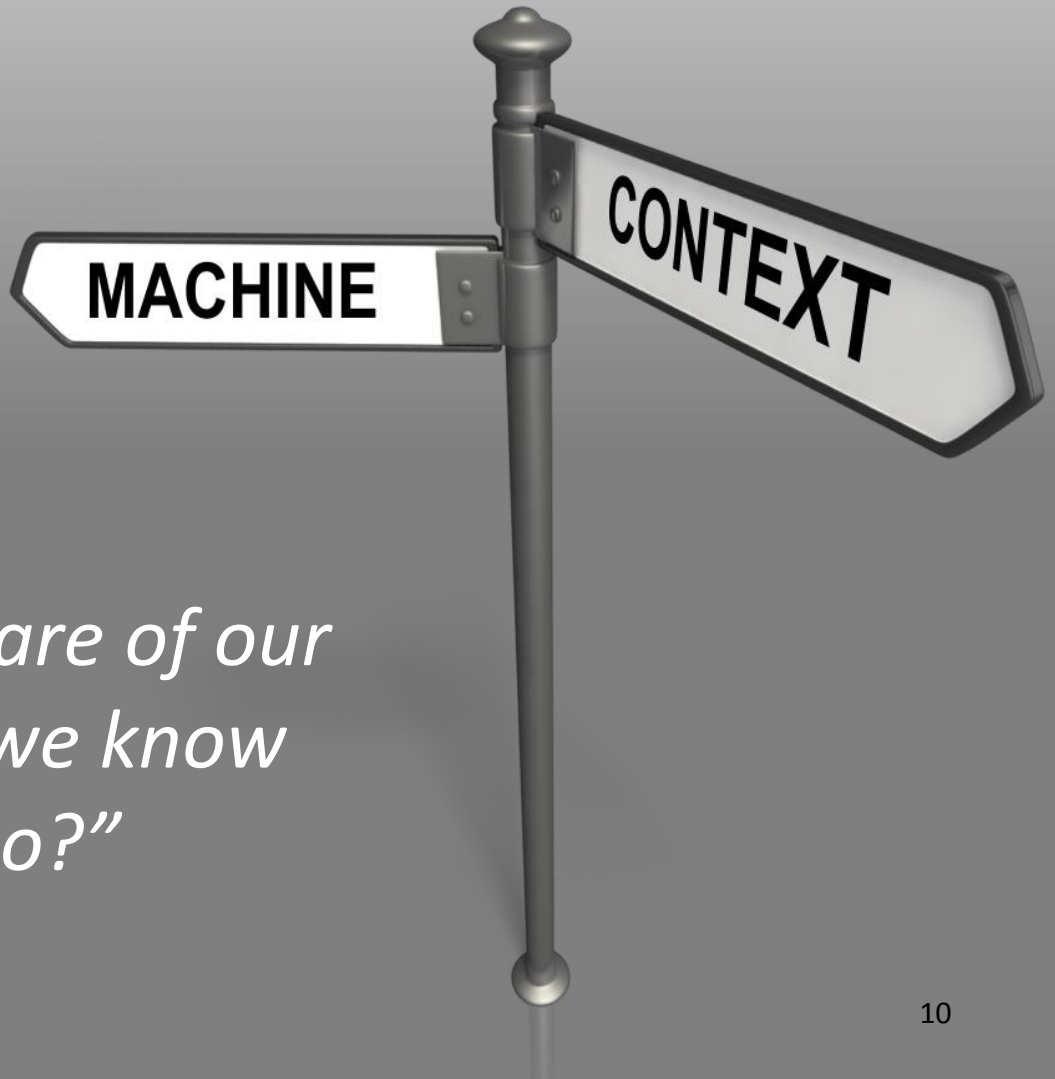
act in context

Do clinicians need to discuss philosophy?

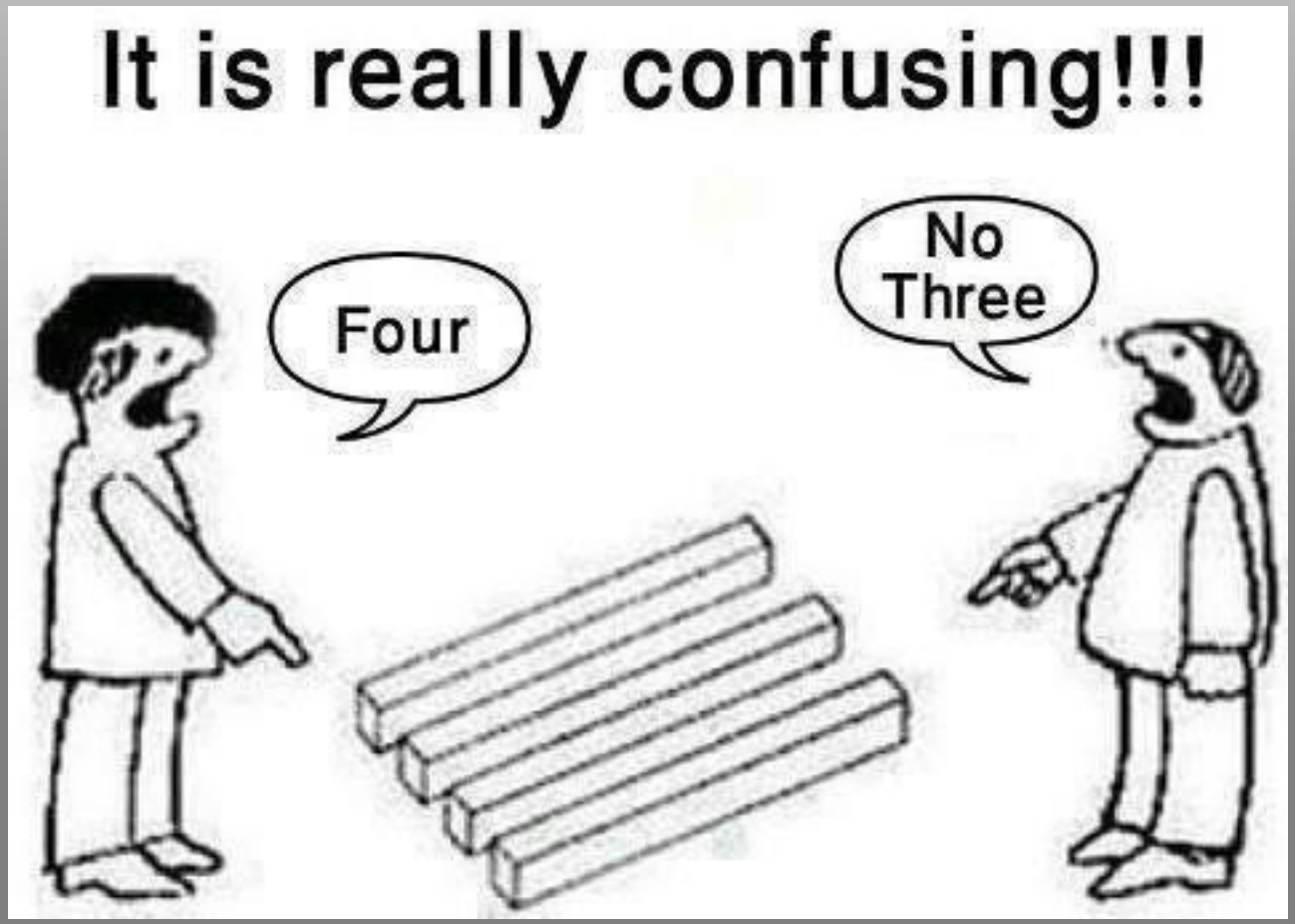
Any clinical decision relies on specific philosophical assumptions.

The correct question is:

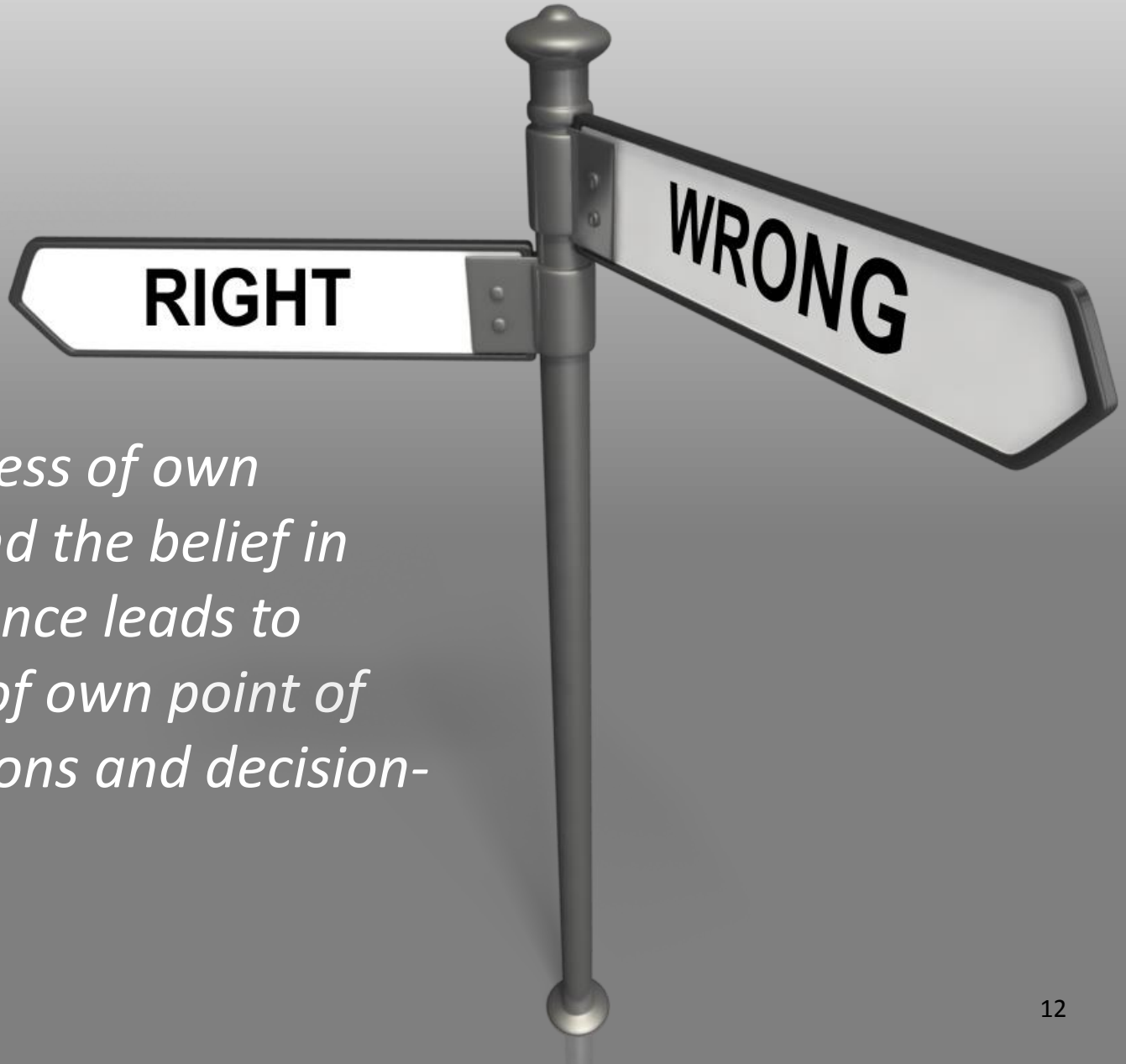
"Do we need to be aware of our assumptions? Should we know in what direction we go?"



Different perspectives – different views

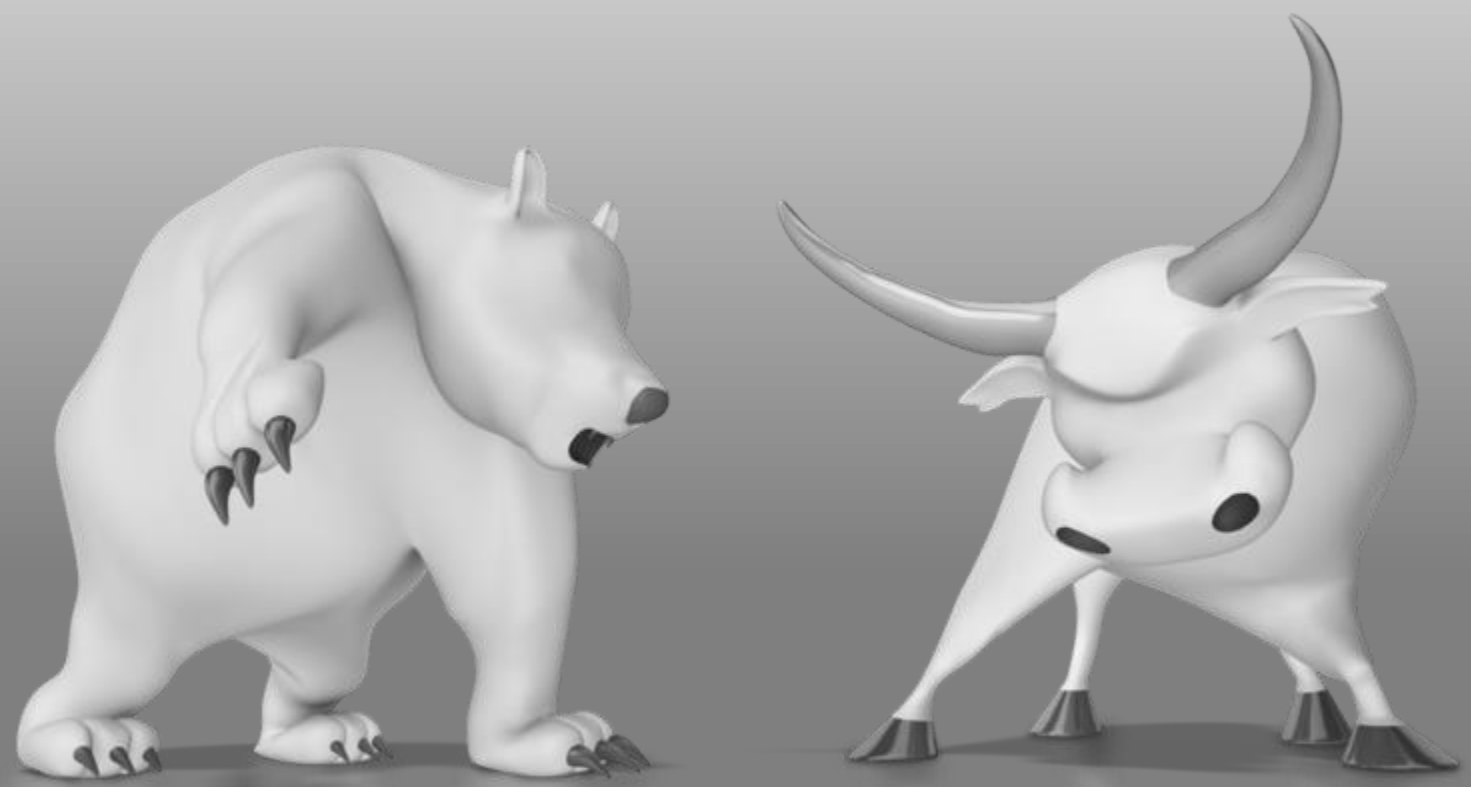


Different perspectives – different views



Lack of awareness of own assumptions and the belief in their non-existence leads to absolutization of own point of view in discussions and decision-making.

Clinical Meeting in Practice

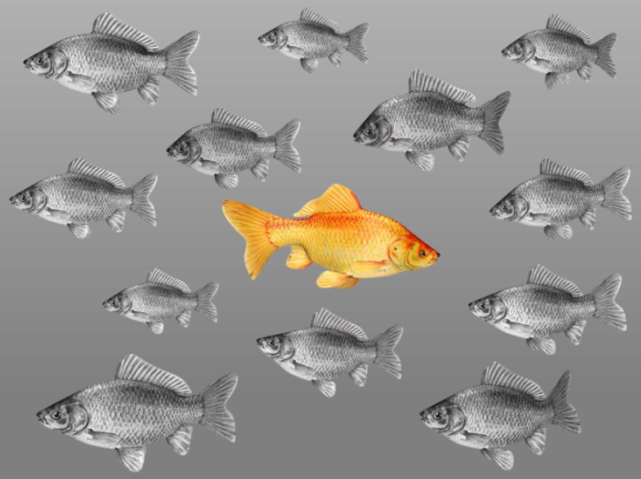


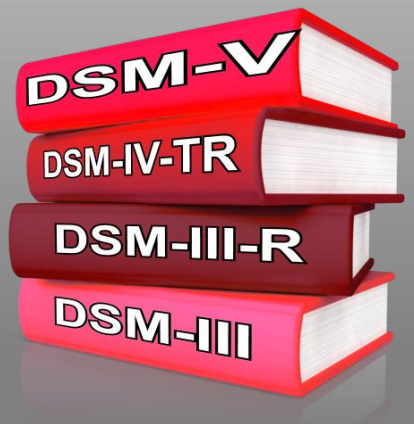
Discussing case conceptualization
from different perspectives

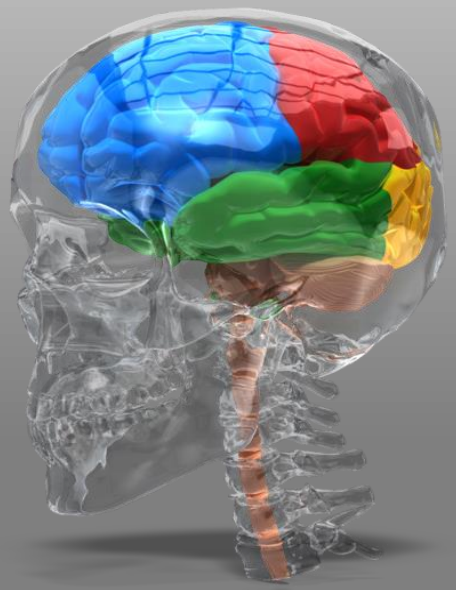
But there are even more serious consequences …

- The practitioner's understanding of the nature of treated problems influences how those problems are viewed by patients.
- It can have far-fetched consequences with child patients and their parents.
- It can not only influence the young person's attitude towards health problems, but also general attitude towards oneself, towards own body and towards own life.

Mechanistic psychiatry: three pillars of the bio-medical model







NORMS

How the machine is supposed to function

NOSOLOGY

One breakdown – one repair

INTERNAL LOCUS OF ETIOLOGY

When the machine doesn't work it must be broken

The first pillar: NORMS

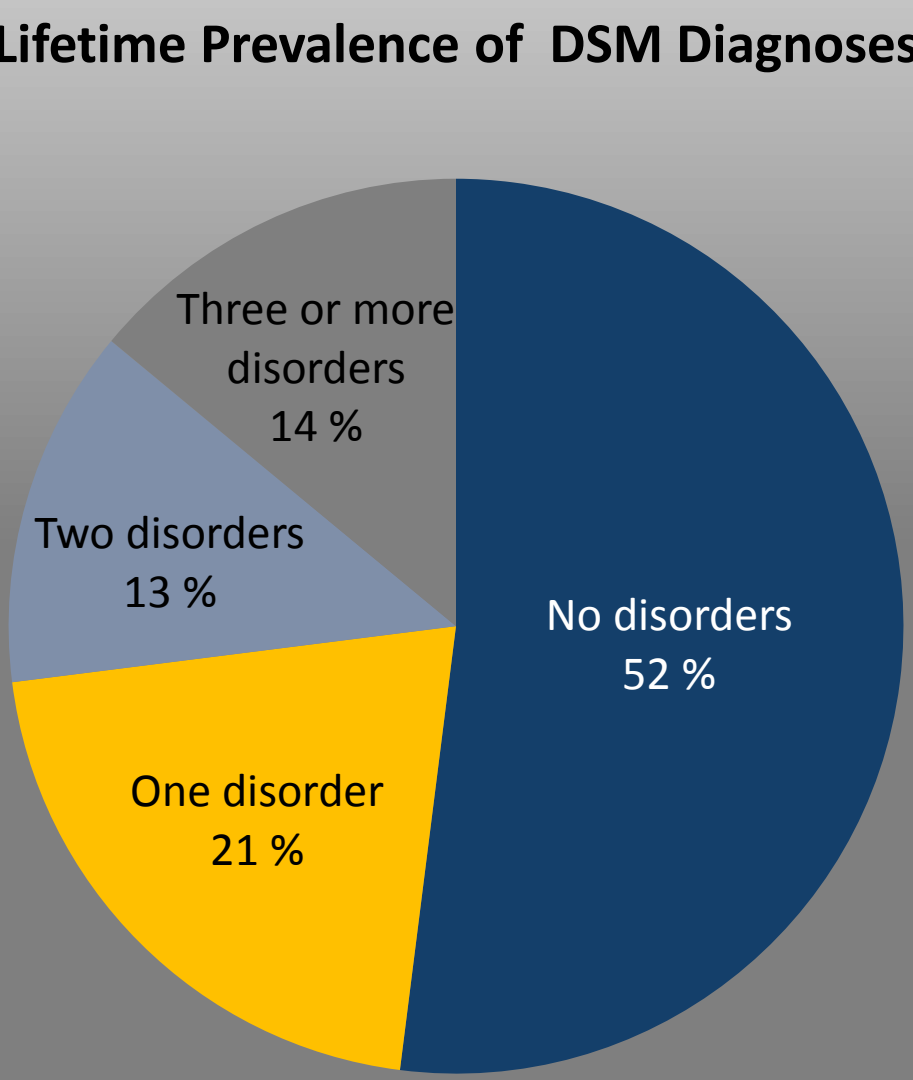
- Psychiatry lacks a basic scientific model of what mental disorder is.
- In spite of that, it assumes that all mental disorders involve abnormal mental states and behaviors.

HOWEVER

- Some extremely destructive behaviors are both common and non-syndromal, e.g. suicide, violence.
- Majority of violent people do not meet criteria of mental disorder.

Does it mean that the machine is supposed to be violent?

What is abnormal?



The demarcation line between normality and abnormality

DISTRESS

- Many forms of distress are arbitrarily excluded from the category "disorder" (e.g. grief) – but what are the criteria?

DISABILITY

- Different cultures – different expectations (e.g. ADHD)

RISK of suffering, death or loss of freedom

- Self-injury, pedophilia, tax fraud, combat – are they treated equally?

CULTURAL RELATIVITY

- E.g. personality disorders – but what norms apply when you migrate from one culture to another?

The second pillar: Blaming it on the brain

- Underlying biological causes for distinct disorders have never been confirmed
- Experimental lowering of serotonin does not have any effect on healthy volunteers (Heninger et al., 1996)
- Studies on genetic markers associated with certain diseases lack replications

The third pillar: Diagnoses

- The same symptoms across different syndromes
- Different diagnoses share the same criteria
- The same treatments work across different diagnoses
- Comorbidity is a rule, not exception

- Fewer than 20% of mental health patients have only one clearly definable Axis I diagnosis (Meichenbaum, D., 2003)

What's my conclusion?

Our patients deserve better!

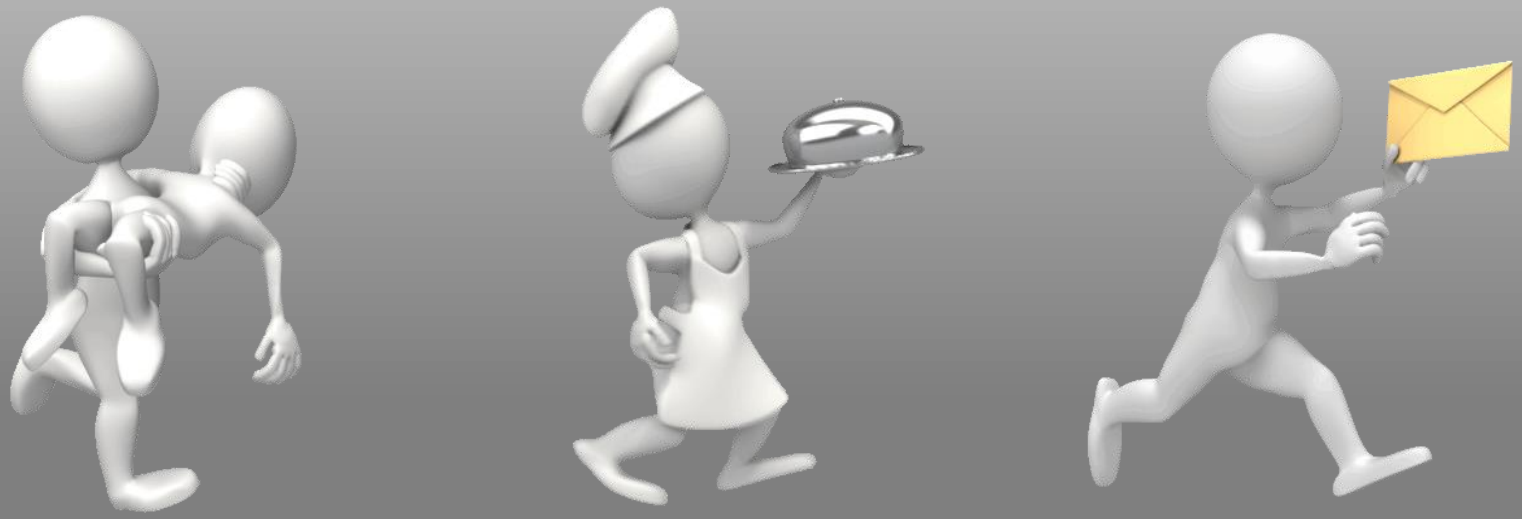
Let's look at an alternative approach…

Contextual approach to mental health

ACT in Context

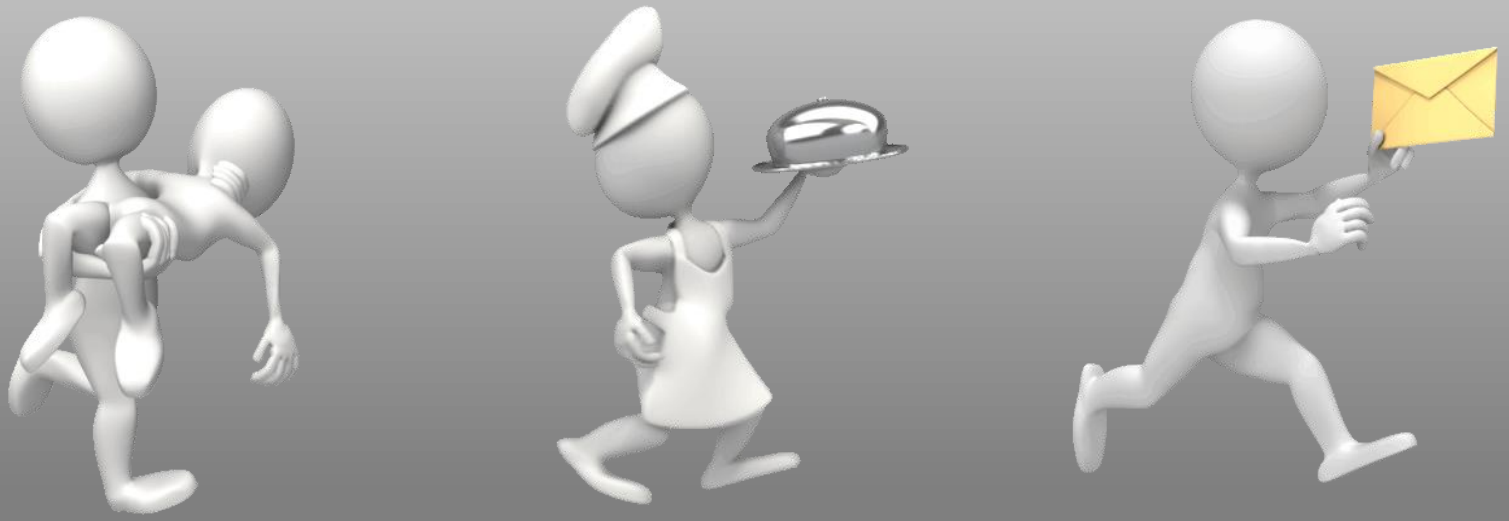
Contextual philosophy of health

Assumption 1



‘Symptoms’, like all behaviors, have some function, and can be understood only in their historical and present context

Contextual philosophy of health



So, it is useless to compare behaviors of different individuals without comparing their individual contexts, including the cultural background.

Contextual philosophy of health

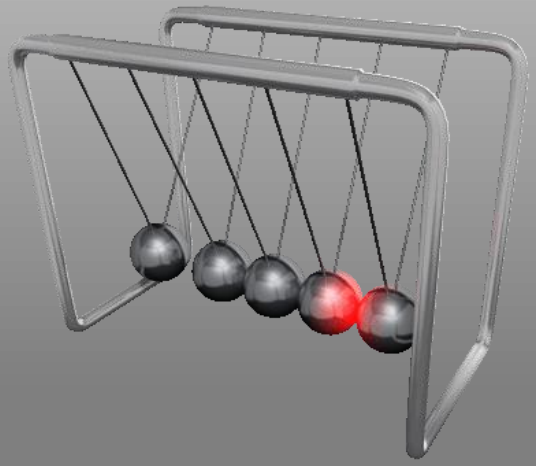
Assumption 2

Events do not „exist” without context:

- Deviation does not exist without norm
- Disability does not exist without expectation

Contextual philosophy of health

Assumption 3



Taking context into account (i.e. learning history & present contingencies) every behavior is “normal” and “right”. It would be “abnormal” to behave differently in a given context.

Contextual philosophy of health

Assumption 4

The etiology is not located within the patient as an organism but within the patient's context

Contextual locus of etiology

- In an epidemiological study of 7000+ Dutch citizens, experiences of discrimination predicted the later development of paranoid symptoms (Janssen et al., 2003).
- Studies show significantly higher risk of psychosis in immigrant groups (Harrison et al., 1988), especially those living in relative isolation from other immigrants (Boydell et al. 2001)

What has changed? The brain or the social context?

Contextual philosophy of health

Treatment goals are not located within the patient and not related to external norms, but should be defined by clinicians only in the context of the patient's desired life outcomes

Locating treatment goals outside the patient

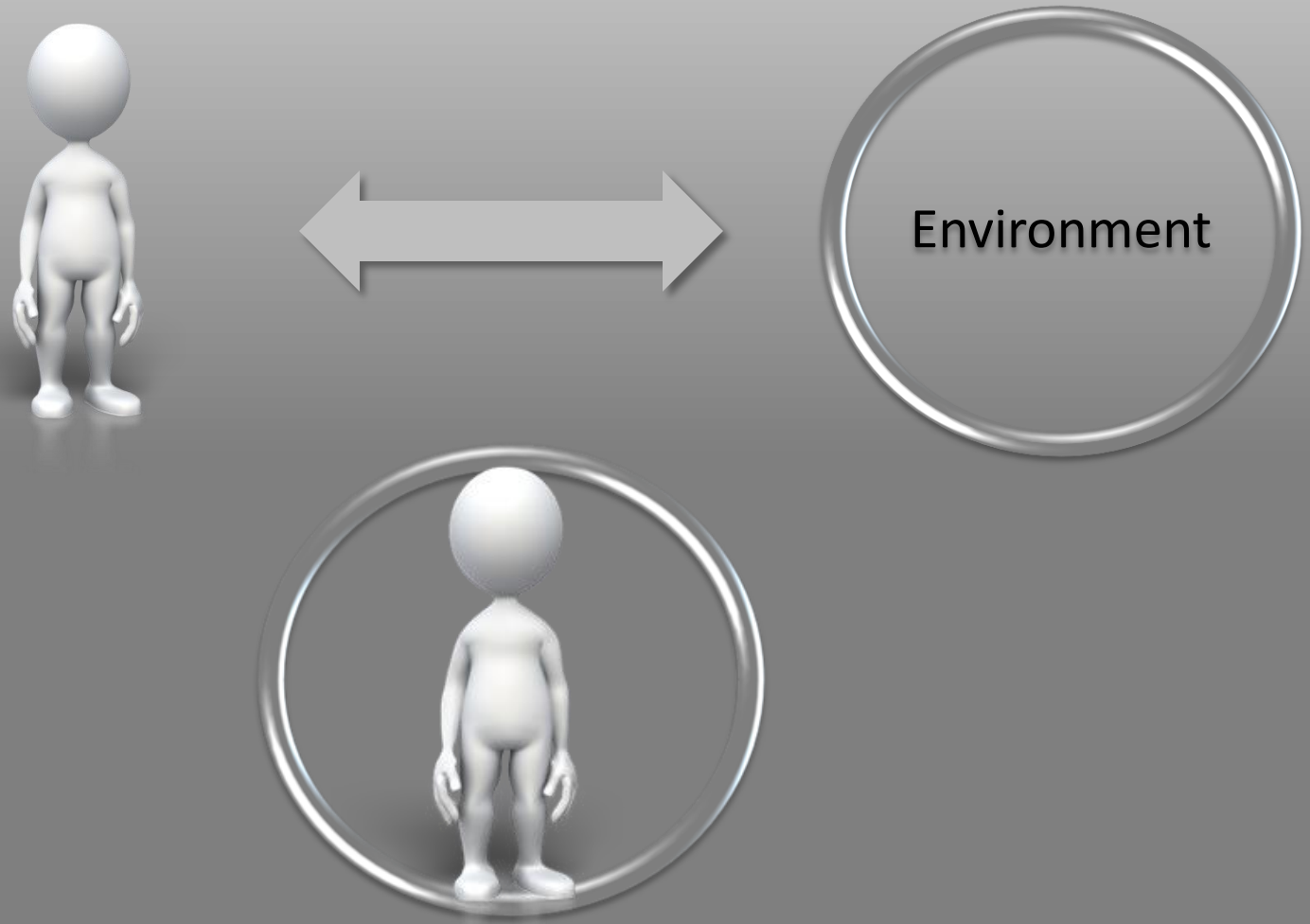
The patient's symptoms or dysfunctional behaviors should not be presented to parents as a problem per se or as a problem on the basis of diagnostic classification.

Rather, they should be discussed, analyzed and evaluated as problems in the context of the patient's desired life outcomes (e.g. academic performance, social network, intimate relationships).

The doctor should avoid talking about what is "normal", and instead choose to talk about what is "workable" in the context of the patient's values. In effect, both practitioners and parents would be perceived by the patient as allies in her campaign for the desired life outcomes.

(Malicki et al., 2013)

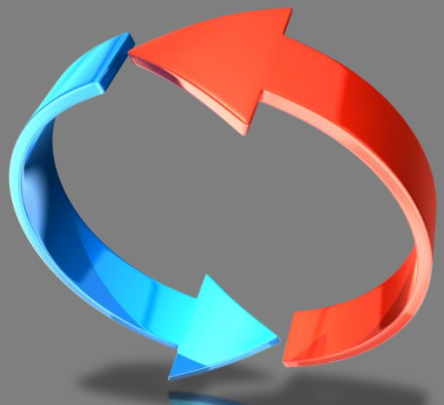
Mechanism vs. Contextualism



UNIT OF ANALYSIS /
TARGET FOR INTERVENTION

Individual in Environment
- Environment in Individual

- Behavior (and psychological events) are under control of environmental variables
- We are an integral part of that environment.
- Human environment has a mainly symbolic character and is called culture.
- Through language the environment (culture) is also an integral part of the individual.
- Changing our behavior we change the very environment that controls our behavior.



Our context (history, culture and present contingencies) controls our behavior

- that's our identity

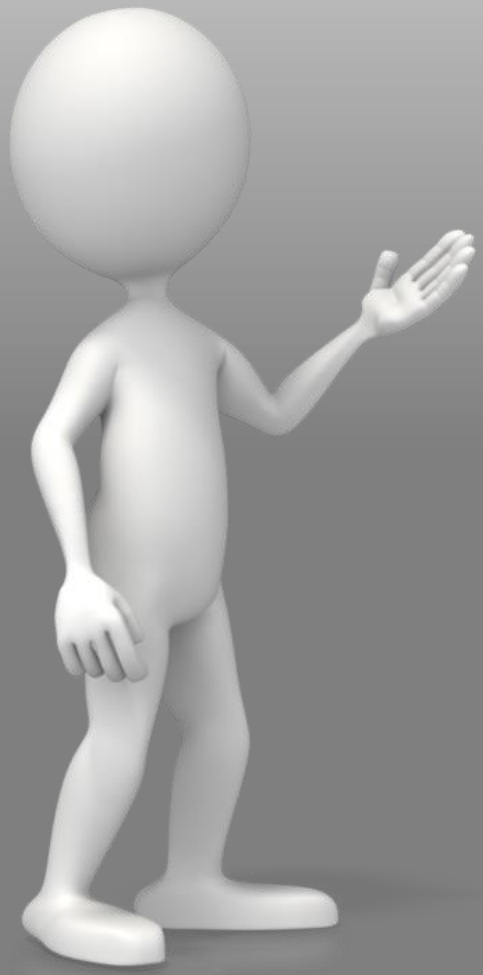
Any change in our verbal environment has an impact on our mental health

- that's our vulnerability

Our behavior has an impact on that environment, so that we can control what controls us

- that's our strength

Thank you for your attention



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