Madness, Maleness and Method

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Assumptions

• Kuhn’s Paradigms. Psychologists and Psychiatrists are also scientists and are also people. They crave fame fortune and approval as much as anyone else and they may choose one hypothesis over another one line of research among many because of inner personal causes or sociological causes that cannot be rationally defended and may be entirely unconscious (Leahey, 2004).
• Kuhn depicts a science as being like the construction of a building, requiring contributions by many hands. Cooperative effort requires that a building be constructed according to a plan and on a firm foundation. Until the blueprints and the foundation have been decided on, there can be no construction, no progress. Only when the plans are agreed on can the collective effort of construction begin. Paradigms provide the blueprints and foundations for scientific enterprises.

• the blueprint is taken for granted. Experiments do not test the paradigm but are attempts to solve the puzzles posed by the paradigm. If a scientist fails to solve a puzzle, the failure is the scientist’s, not the paradigms.
Conformism

• Experimental social research (Taijfel, Billig, Bundy, & Flament, 1971; Shefif, 1936) has illuminated the influence that group membership can leverage on individual group members, whereby persons can adjust their thoughts, feelings and actions to conform to group norms.
• But scientists are also taught to be sceptics......
‘they are required to retain a critical or sceptical approach to research and research findings even when these appear in reputable scientific journals (Shaughnessy, Zechmeister, & Zechmeister, 2009)’
So what is the current paradigm within mental health...

• And where does scepticism reside within this paradigm...
Medical Model is the dominant paradigm or worldview (Lazare, 1973)

- This paradigm poses puzzles incorporated, conceptualised and constrained by the paradigm..... Research, qualitative and quantitative follows.
- Thus questions such as ‘does treatment x improve the functioning of depression/anxiety, ADHD, schizophrenia, substance disorder group relative to a control group receiving placebo. Answers obtained either by statistics or interviews
• However as with all paradigms, assumptions operate within the ‘medical model’
Assumption 1

• problematic psychological problems can be grouped together into separate mental illnesses. Thus problems such as distraction, inattention, artificial mood altering behaviours, and low-mood give rise to illnesses such as ADHD, Substance Dependence and Depression.
Assumption 2

• Discreet and distinctive illnesses are supported by an assumption that core causation resides in the neurobiology of the individual (Sroufe, 1977; Rutter, 1996). This means that the existence of discreet and distinctive illnesses can only be proven, and therefore grounded in reality, when conclusive evidence is found identifying reliable biological markers.
Where’s the evidence? (conclusive that is)

• There are currently no objective tests that can detect either the presence or absence of any mental illness.

• Genetic research is plagued by inconsistencies and non-replications. e.g. DISC1 (disrupted in schizophrenia 1) has not shown up on many screens for scz. (Abbott, 2008).
“Finding genes involved in psychiatric conditions is proving to be particularly intractable because it is still unclear whether the various diagnoses are actually separate diseases with distinct underlying genetics or whether they will dissolve under the genetic spotlight into one biological continuum” (Abbott, 2008)

Genetic results will definitely help to shape new definitions of the standard diagnostic categories (Burmeister, 2008).
No evidence (conclusive) of biological causation leaves psychiatric categories unsupported.
What next
• Inclusive Research philosophy and Grounded Theory methodology builds meaning from the bottom-up.

Advantages:
• minimise assumptions that may have no basis in fact
• Maximise cooperation in the research setting
The Current Research

Only one assumption

• Information and meaning concerning these men’s psychological distress is available through what these men are prepared to disclose.
3 Questions: (value and assumption free)
• what problems or difficulties prompted you to come to a men’s group
• what do you want, hope or expect to achieve by coming to the men’s group
• are these wants, hopes, expectations being achieved
Men interviewed each other: pairs were drawn out of a hat and each took turn to be interviewer and interviewee

I transcribed interviews, printed them off on large font and stuck them on the wall

Men extracted themes that seemed to be consistent throughout the interviews
Results: presented geometrically in 3 dimensional space
• This project represents a foundation which hopefully will support further research structures which will endeavour to build understandings of the male experience of psychological distress
Question

• When assumptions are made on construction sites, structures and services may be unsafe...a wall can collapse, person can be electrocuted etc.

• What happens when someone experiencing psychological distress receives treatment advocated by research containing flawed assumptions?