DP IB Psychology: HL

Etiology of Abnormal Psychology: Prevalence Rates & Disorders

Contents

Prevalence Rates & Disorders

What are Prevalence rates?

- **Prevalence rates** refer to how **common** a specific disorder is within a **defined population**
- Prevalence for, say, **major depressive disorder** (**MDD**) would be measured as the **proportion** of people in the UK who were **diagnosed** with MDD from, say, January 2021 to January 2022
- Prevalence rates are measured using an **exact, mathematical calculation** as follows:
  - The total number of cases of **MDD** in a specific population is identified
  - This number is then divided by the **total** number of people from that specific population
  - An example of a (**hypothetical**) prevalence rate might be: in a population of 50,000 people 4,500 have been diagnosed with MDD which means that the prevalence rate for MDD within that population is 0.09 (4,500 ÷ 50,000 = 0.09) or 9,000 cases of MDD per 100,000 people
- Prevalence is a measure of an illness that enables statisticians to determine the likelihood of any person within that population being diagnosed with that illness e.g. it is a **predictive tool**

Prevalence rates of MDD

- MDD has a high prevalence across the world: the **World Health Organisation** (**WHO**) has estimated that 3.8% of the **world population** suffers from MDD at any given time (5% for adults and 5.7% for those in the 60+ age group)
- The above figures translate to a total of 280,000,000 people with MDD out of the total world population
- The prevalence rate for MDD in the UK is 0.17 (this accounts for 1 in 6 adults with MDD across the population of the UK)
- MDD is more prevalent in women both in the UK and globally (15% of women seek **treatment** for MDD compared to 9% of men)
- There are **cultural variations** in MDD prevalence: 1% in the Czech Republic; 9% in Chile; 16.9% in the USA

Prevalence rates of phobias

- Phobias have a worldwide prevalence rate of 7.4% according to the WHO with more women than men suffering from phobias
- According to the **National Institute of Mental Health** (USA) an estimated 9.1% of adults in the US suffer from having a **specific phobia** at any given time
- The rate of phobia prevalence is higher for women (12.2%) than for men (5.8%)
- The data also found that an estimated 12.5% of American adults will experience a specific phobia at some point in their lives
- The most prevalent phobia in the UK is **fear of heights** (**acrophobia**) as of September 2023 according to **government statistics** with 75% of those surveyed expressing some degree of **fear** related to high places
- Other highly prevalent phobias in the UK are fear of snakes (**ophidiophobia**) at 52%; **fear of flying** (**aerophobia**) at 24% and fear of spiders (**arachnophobia**) at 18%

Which studies investigate prevalence rates of MDD and phobias?

- **Abdoli et al. (2022) –** prevalence rates of MDD
- **Frederikson et al. (1996) –** prevalence rates of phobias

Both Abdoli et al. and Frederikson et al. (1996) can be found as Two Key Studies of Prevalence Rates - just navigate the Etiology of Disorders section of this site.

Two Key Studies of Prevalence Rates

Key study one (prevalence rates of MDD): Abdoli et al. (2022)

Aim: To investigate the global prevalence of **MDD** in the elderly.

Participants:

- A total sample of 18,953 participants was derived from 20 studies used in this **meta-analysis**
- The participants constituted a **cross-cultural sample** with studies taken from countries and cultures worldwide

Procedure:

- A meta-analysis of the aforesaid 20 studies accessed via a **database** of journals
- The researchers conducted a **systematic search** for studies which had investigated MDD in elderly populations up to March 2021

Results:

- There is an MDD global **prevalence rate** of 13.3% in the elderly
- The prevalence rate for elderly women was 11.9%; for men it was 9.7% which is not **statistically significant**
- The highest prevalence rates of MDD in the elderly were seen in Australia (20.1%) followed by Europe (12.9%)

Conclusion:

- MDD has high prevalence rates globally amongst the elderly so this finding should be used to implement **social support** as an **intervention** to **mitigate** the negative impact of MDD on older people's **mental health**
- **Gender** may be an issue in reporting or being **diagnosed** with MDD but it is not as significant so no **stereotype-based assumptions** should be made when suggesting treatment and therapies for MDD in the elderly

Evaluation of Abdoli et al. (2022)

Strengths

- The use of a large sample and statistical analysis means that the results of this study could be said to be **robust** and **reliable**

- With a growing global population of older people this is useful research as it will become increasingly necessary to address the needs of older people, including their mental health

Weaknesses

- The research is able to pinpoint prevalence rates of MDD but it cannot explain *why* some elderly people experience depressive symptoms which means that it lacks some **explanatory power**
- Prevalence rates can only provide information based on **recorded statistics**: there are doubtless many more people globally who experience MDD but who either don't recognise it as such, don't report it or don't admit to themselves that they are depressed

Key study two (prevalence rates of phobias): Frederikson et al. (1996)

Aim: To investigate prevalence rates of a range of **specific phobias** including **claustrophobia, arachnophobia, astraphobia**

Participants:

- 704 adults from Sweden obtain via **random sampling**
- The participants were aged 18–70 years old

Procedure:

- The participants completed a series of **questionnaires** and **self-reports** designed to determine the extent of their phobias and **extreme fears**
- **Visual analogue scales** were used so that participants could express their level of fear and **anxiety** to **phobic stimuli** such as lightning, enclosed spaces, darkness, flying, heights, spiders, mutilation, injections and the dentist
- Below is a type of visual analogue scale:

Results:

- Participant responses were **categorised** into three **classifications**: **animal phobias**, **blood-injection-injury phobias** and **natural environment and situational phobias**
- The total prevalence for phobia across the group as a whole was 19.9% (26.5% for women, 12.4% for men)
- 5.4% of the women in the sample reported **multiple phobias** compared to 1.5% of the men
- Women reported more snake and spider phobias
- Fear of mutilation showed **no gender difference**
- Fear of flying and fear of inanimate objects but decreased fear of injections were reported by older female participants but not by older male participants
- The younger participants reported more fears surrounding animals
- The older women in the sample feared flying more than the younger women but feared injections less.

Conclusion: Prevalence rates of specific phobias may show differences based on gender and age.

Evaluation of Frederikson et al. (1996)

Strengths

- The use of the visual analogue scale to measure the emotional response of participants to specific phobia has some **validity** to it as it is a more **authentic representation** of fear/**anxiety** than that offered by a **numerical scale**
- Understanding that differences in the prevalence of specific phobias may depend on gender and age could be **useful** to **therapists** and **counsellors**

Weaknesses:

- The visual analogue scale is open to **interpretation**: not everyone will have exactly the same understanding of each level of fear/anxiety which means that it lacks **reliability** as the measure is not likely to be consistent
- Although the age range of the sample is wide it only drew its participants from Sweden which means that the findings are not generalisable to people from other countries

Summary Table: Key Studies of Etiology of Disorders

Key Studies Summary of Etiology of Abnormal Psychology

SUMMARY TABLE: KEY STUDIES OF ETIOLOGY OF ABNORMAL PSYCHOLOGY	
Topic	**Two Key Studies**
Explanations for Disorders: Biological Explanations of MDD ▪ Use both of these studies to answer a question on Biological Explanations of MDD ▪ Use McGuffin et al. (1996) to answer a question on Genetic Similarity as well ▪ Use Caspi et al. (2003) to answer a question on Genes & Behaviour and Neurotransmitters as well	McGuffin et al. (1996) Caspi et al. (2003)
Explanations for Disorders: Cognitive Explanations of MDD ▪ Use both of these studies to answer a question on Cognitive Explanations of MDD ▪ Use Riso et al. (2006) to answer a question on Schema Theory as well	Beck et al. (1974) Riso et al. (2006)
Explanations for Disorders: Sociocultural Explanations of MDD ▪ Use both of these studies to answer a question on Sociocultural Explanations of MDD	Lewinson et al. (1990) Karasz (2005)
Explanations for Disorders: Biological Explanations of Phobias ▪ Use both of these studies to answer a question on Biological Explanations of Phobias	Ohman et al. (1975) Ahs et al. (2018)
Explanations for Disorders: Cognitive Explanations of Phobias ▪ Use both of these studies to answer a question on Cognitive Explanations of Phobias	DiNardo et al. (1998) Barrera & Norton (2009)

Explanations for Disorders: Sociocultural Explanations of Phobias ▪ Use both of these studies to answer a question on Sociocultural Explanations of Phobias	Watson & Rayner (1920) DiNardo et al. (1988)
Prevalence Rates ▪ Use both of these studies to answer a question on prevalence rates ▪ Abdoli et al. (2022) covers the prevalence of MDD ▪ Frederikson et al. (1996) covers the prevalence of phobias	Abdoli et al. (2022) Frederikson et al. (1996)

How do I use these studies in an exam question on this topic?

- IB students have a *lot* of content to cover (particularly students taking Psychology at Higher Level) so the purpose of this revision resource is to slim down and streamline the number of studies you need per topic/exam question
- The exam question command term will be one of the following:'Evaluate', 'Discuss', 'Contrast' or 'To what extent'
- Each command term requires you to answer the question in slightly different ways, using the content as shown in the summary table above i.e. specific studies per topic/question
- In order to slim down the content you need to revise you can see above how some of the studies can be used for more than one potential exam question
- McGuffin et al. (1996), Caspi et al. (2003) and Riso et al. (2006) can be used to answer more than one potential exam question i.e. they span both Paper 1 and Paper 2 content so you may decide to keep all of these studies and 'throw away' any studies which you find that you don't need to revise
- Remember that all Paper 2 questions are ERQs (Extended Response Questions) which are worth 22 marks, take an hour to write and need to be rich in critical thinking