Psychopathology

Scientific Study of Psychological Disorders

What you should know how to do when you finish studying Chapter 1:

1. Define “Abnormal Behavior” (AKA, psychological disorders)
2. Define psychological dysfunction, distress, and atypical or unexpected cultural response
3. Describe the background and training of mental health care professionals and know the meaning of “scientist-practitioner”
4. Understand the importance of science and scientific methods in studying abnormal behavior (continued)
Psychopathology
Scientific Study of Psychological Disorders

What you should know how to do when you finish studying Chapter 1 (Cont.)

5. Be aware of historical views of abnormal behavior and how they affect today’s views.

6. Understand what is meant by multi-dimensional, integrative approaches to diagnosing and evaluating abnormal behavior.
Defining “Abnormal Behavior” (AKA, psychological disorders)

Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition (DSM-IV-TR)

Behavioral, emotional or cognitive dysfunctions that are unexpected in their cultural context and associated with personal distress or substantial impairment in functioning. Text pg. 4
Defining “Abnormal Behavior” (AKA, psychological disorders)

Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition (DSM-IV-TR)

Behavioral, emotional or cognitive dysfunctions that are unexpected in their cultural context and associated with personal distress or substantial impairment in functioning. Text pg. 4

Application to “Judy”?
Defining psychological dysfunction, distress, and atypical cultural response

Psychological Dysfunction: A breakdown in healthy cognitive, emotional or behavioral functioning.  Examples?

Distress: Person experiences extreme upset (not always the case—maybe others do instead--Impairment)  Examples?

Atypical cultural response: Not expected within the person’s culture.  Examples?

Each is inadequate in isolation as a definition.
Clinical Descriptions of Abnormal Behavior (terms to know…)

**Presenting problem** (sometimes called Chief Complaint)

**Precise behavioral description** (also see “rule out”) to specify what makes the disorder different than “normal” and different from other disorders.

**Prevalence** Proportion of population who has the disorder (AKA Base rate)

**Incidence** Number of new cases per year

**Course** Pattern over time

**Prognosis** Often related to course

**Acute vs. Insidious (slow) onset**

**Important related features** (e.g. age, gender)
Clinical Descriptions of Abnormal Behavior (terms to know…)

**Etiology** studying factors or dimensions that are believed to be causes of the disorder.

Strong associations (often referred to as correlations) are sometimes used to infer etiology, but until an actual mechanism is shown, the “jury is out.”

**Treatment** application of psychological and/or physical (including pharmacological) principles intended to alleviate the disorder.

**Successful outcome** Not always completely successful, but changes also assist in inference process of defining causes.
Mental health care professionals and “scientist-practitioners”

Psychologists (Clinical, Counseling, Other)
Psychiatrists
Psychiatric Social Workers
Social Workers
Psychiatric Nurses
Marriage and Family Therapists
Licensed Counselors
Licensed Clinical Addiction Specialists
Mental health care professionals and “scientist-practitioners”

All should be scientist-practitioners in the sense that they are consumers of science. Importance of Continuing Education. In addition, they should be well-enough trained to be evaluators of science. Creators of science? Mostly psychologists, but could be others.
Scientific methods in studying abnormal behavior

Knowledge about psychopathology should be based on scientific principles. Not clinical hunches, untestable or idiosyncratic hypotheses, a “cool” idea, “common sense” or whatever.

Can the hypothesis be phrased in a way that it can be tested?

More (much more) in Chapter 4
Historical views of abnormal behavior

Maybe not all so “historical”

- Supernatural ideas Good vs. Evil; Sin; Spirits entering the body; Possession; Moral weakness
- Biology
  - Hippocrates (hysteria)
  - Galen (humoral theory—chemical imbalances in the blood)
  - Syphilis (General paresis)

Comparison to physical illnesses
Development of psychopharmacology
Emil Kraepelin first physical theory-based diagnoses
Historical views of abnormal behavior

Psychological Traditions

“Moral Therapy”  Phillippe Pinel (France); William Tuke (England); Benjamin Rush (US); European “Community Support”

Asian Therapies spirituality

Psychodynamic/Psychoanalytic; Anton Mesmer; Jean Charcot; Josef Breuer

Sigmund Freud
Historical views of abnormal behavior

Psychological Traditions

**Freud:** Neurologist, but not satisfied with purely physical explanation of disorders

- **Id** = pleasure principle (sex & consumption)
- **Ego** = reality principle (defense mechanisms)
- **Superego** = Society (culturally) induced to suppress Id’s impulses

Developmental stages: oral, anal, phallic, latent, genital
Historical views of abnormal behavior

Psychological Traditions
Anna Freud: self-psychology
Melanie Klein & Otto Kernberg: Object relations
Carl Jung: Collective unconscious
Alfred Adler: Inferiority/Superiority complex
Karen Horney, Erich Fromm, Erik Erickson: Lifespan developmental
Historical views of abnormal behavior

Humanistic Tradition:
View that people are basically striving towards spiritual meaning and being good
Abraham Maslow: hierarchy of needs
Viktor Frankel: Search for meaning
Fritz Perls & Carl Rogers: striving towards self-actualization
Historical views of abnormal behavior

Behavioral Tradition

Ivan Pavlov: Classical Conditioning

John Watson: Scientific study of behavior and how consequences influence future behavior

Mary Cover Jones: Beyond theory, applying principles

B. F. Skinner: Operant Conditioning
Historical views of abnormal behavior

Social Learning Theory
Grew out of behavioral tradition, view that cognitive behavior, though not directly observable, is important to development and modification of psychopathology

Examples: Modeling, expectations, reciprocal relationships

Albert Bandura
Multi-dimensional, integrative approaches

Integration of these diverse approaches
Sometimes referred to as:
Bio-psycho-social models
Will be addressed in more detail in Chapter 2
Summary

Definitions and descriptions of Psychopathology
Know your mental health professionals
Describe the importance and place of scientific methods for studying behavior
Know the historical traditions of attempts to understand psychopathology
Know what the “Bio-psycho-social” approach means