Paradigms of Psychopathology
and
Diagnostic Issues

Current Paradigms in Psychopathology

• Psychoanalytical (psychodynamic)
• Humanistic
• Behavioral
• Cognitive
• Biological

Psychoanalytic/Psychodynamic Paradigm
Criticisms

- not scientific (theories cannot be tested)
- length of therapy
- may not be covered by managed care (expense)
- efficacy questionable for many disorders

Contributions

- unconscious processes
- importance of early experience
- psychic conflict
- defense mechanisms

Behavioral Paradigm

- the proper study of human nature is human behavior (NOT unconscious processes that cannot be tested)
- in part a reaction to the non-scientific reputation of Freudian psychoanalysis

Main premise:
behavior is learned (both adaptive and maladaptive behavior)

Corollary:
treatment consists of unlearning maladaptive behavior and/or learning new adaptive behaviors
Methods of Learning

• classical conditioning
• operant conditioning
• modeling

Classical Conditioning

• after Pavlov and his dog experiment

<table>
<thead>
<tr>
<th>Unconditioned Stimulus (UCS)</th>
<th>Unconditioned Response (UCR)</th>
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<tbody>
<tr>
<td>Meat powder</td>
<td>Salivation</td>
</tr>
<tr>
<td>Bell</td>
<td>Salivation</td>
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<tr>
<td>(at bell)</td>
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Conditioned Stimulus (CS) | Conditioned Response (CR)
Bell                        | Salivation                  |
(at bell)                   |                             |

Modeling

• Albert Bandura
• behavior is learned by watching others
• may be involved in developing maladaptive behavior as in treating maladaptive behavior
Therapeutic Techniques

Aversive Therapy
Systematic Desensitization
Graduated Exposure
Flooding
Response Prevention Treatment
Token Economy
Modeling (role playing, practicing)

Criticisms of Behavioral Paradigm

• treats symptoms (does not get at root of problem)
• assumes “blank slate” state of human condition

Contributions of Behavioral Paradigm

• the correlation between reinforcement/contingencies and human behavior (we do what works)
• treatments are effective for many disorders
• treatments are time-efficient

Humanistic Paradigm
Humanistic Paradigm

- **aka** *phenomenological approach*
- **main premise:**
  All humans will strive for self-actualization given the right environment. Symptoms are result of rigidity and of losing self-directed path (succumbing pressure from society to conform)
- **corollary:**
  Goal of treatment is to provide nurturing environment that will allow the individual regain self-directedness and reach his/her full potential

<table>
<thead>
<tr>
<th>Humanistic Paradigm</th>
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</thead>
<tbody>
<tr>
<td>• belief in individual <em>will</em></td>
</tr>
<tr>
<td>• reaction to environmental determinism</td>
</tr>
<tr>
<td>(of psychoanalytic and behavior paradigms)</td>
</tr>
<tr>
<td>and biological determinism (biological paradigm)</td>
</tr>
<tr>
<td>• individuals must accept responsibility for current state</td>
</tr>
<tr>
<td>• all humans will strive toward personal growth</td>
</tr>
<tr>
<td>• free self from need for approval from others or society</td>
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Client-Centered Therapy

- formulated by Carl Rogers
- strong belief in the self-actualization tendency
- maladaptive behavior is result of abandoning self-actualization in face of outside pressures
- therapy provides environment for re-establishing self-actualization and personal growth
- main components of therapeutic environment
  - *congruence (genuineness)*
  - *unconditional positive regard*
  - *empathy*
- client sets the agenda *(decides what needs to be explored)*
- therapist uses technique of *reflective listening*
- client achieves own insights *(architect of own life)*
Abraham Maslow’s Hierarchy of Needs

- Physiological Needs
- Safety Needs
- Social Needs
- Esteem Needs
- Self-Actualization

Criticisms of Humanistic Therapy

- untestable hypotheses
- vagueness
- work better on individuals who are high-functioning

Contributions of Humanistic Therapy

- optimism about human nature
- personal responsibility and attribution of free will
- establishment of self-help and peer counseling groups

Cognitive Paradigm
Therapeutic Techniques

- decatastrophizing
- reattribution
- cognitive restructuring

Criticisms of Cognitive Paradigm

- thoughts are given causal status for psychopathology (at expense of emotional or biological causes)
- focus is on current distortions and not on early causes of distortion

Contributions of Cognitive Paradigm

- calls attention to the importance of our personal interpretations in causing our own misery
- optimistic (if we change our thoughts we can change both the way we feel and the way we act)
- effective non-drug therapy for depression

Biological Paradigm

- aka medical model or disease model of psychopathology
- main premise: psychopathology is caused by biological aberration or a predisposition to psychopathology is caused by biological aberration*
- corollary: treatment for psychopathology will be biologically-based
Prevailing model of mental disorder:

The Medical Model (disease model)

- disorder is discrete
- disorder is within the individual
- underlying cause
- treatment removes cause

Biologically-Based Research Methods

- study of brain-damaged subjects*
- genetic studies
- animal studies
- post-mortem investigations
- drug studies
- imaging studies
Biologically-Based Treatments

• pharmaceutical
  anti-psychotic, anti-depressant, anxiety,
  mood stabilizing, stimulants

• surgical
  cingulotomy

• Electro-convulsive Therapy (ECT)

<table>
<thead>
<tr>
<th>Paradigm</th>
<th>Cause of Mental Illness</th>
<th>Major Figure</th>
</tr>
</thead>
<tbody>
<tr>
<td>biological</td>
<td>brain abnormality, chemical imbalance</td>
<td></td>
</tr>
<tr>
<td>psychodynamic</td>
<td>intrapsychic conflict</td>
<td>Sigmund Freud, Carl Jung</td>
</tr>
<tr>
<td>behavioral</td>
<td>maladaptive learning, conditioning, modeling</td>
<td>John B. Watson, B.F. Skinner, Albert Bandura</td>
</tr>
<tr>
<td>humanistic</td>
<td>blocks to self-actualization, attempting to live as others wish you to</td>
<td>Carl Rogers</td>
</tr>
<tr>
<td>cognitive</td>
<td>maladaptive mental schemas and interpretations</td>
<td>Aaron Beck, Albert Ellis</td>
</tr>
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</table>

The beginning of health is to know the disease.
Cervantes, Don Quixote
Why Develop Diagnostic Categories?

• attempt to identify *syndromes*

• to facilitate communication among clinicians and researchers

Signs, Symptoms, Syndromes, Disorders

**Sign**  an objective manifestation of disease observed by the examiner rather than reported by the affected individual

**Symptom**  a physiological or psychological manifestation of disease reported by the affected individual

**Syndrome**  a set of symptoms that tend to occur together

**Disorder**  an identifiable pathological pattern that has a specific cause (although the cause may not currently be known) may be composed of syndromes and symptoms

**History of the DSM:**  
**Bible…or Work in Progress?**

**Bible:**  because all diagnoses in U.S. are based on it  
because our textbook is based on it  
because our course in based on it  
because insurance coverage is based on it

**WIP:**  because it is constantly being revised to reflect empirical data that the book itself generates
Diagnostic and Statistical Manual of Mental Disorders
American Psychiatric Association

- DSM-I.....1952
- DSM-II.....1975
- DSM-III.....1980
- DSM-III-R.....1987
- DSM-IV.....1994
- DSM-IV-TR.....2000
- DSM-V (anticipated 2010)

Major Changes

- movement from general to specific
  Example: OCD
- movement from clinically-observed to empirical
- movement from psychodynamic orientation to atheoretical
- reliability and validity of diagnostic criteria have improved

Reliability - consistency of measurement

Interrater Reliability - the degree of agreement among judges when using the same instruments of measurement

Validity - the degree to which an instrument actually measures or identifies what it purports to measure or identify
The Multiaxial Classification System

Axis I      Diagnostic Categories
Axis II     Personality Disorders and Mental Retardation
Axis III    General Medical Conditions
Axis IV     Psychosocial and Environmental Problems
Axis V      Current Level of Functioning
            (Global Assessment of Functioning Scale: GAF)

Diagnostic Categories

Disorders Usually First Diagnosed in Infancy, Childhood
Substance Related Disorders
Schizophrenia and Other Psychotic Disorders
Mood Disorders
Anxiety Disorders
Somatoform Disorders
Dissociative Disorders
Sexual and Gender Identity Disorders

Sleep Disorders
Eating Disorders
Factitious Disorder
Adjustment Disorders
Impulse Control Disorders
Personality Disorders
Other Conditions That May Be a Focus of Clinical Attn
Delirium, Dementia, Amnestic, and Other Cognitive Ds
Appendices

• criteria set and axes for further study
• glossary
• ICD-10 codes
• culture-bound syndromes

Criticisms of Diagnostic Categorization

• lose information about the individual
• stigma
• pathologizing of everyday problems in living
• can lead to loss of freedoms
• treatments can be counterproductive

Benefits of Diagnostic Categorization

• communication among clinicians and researchers
• research on causes
• development of treatments
• funding for research
• funding for treatment
• allows for prediction of future behavior
Issues with Diagnosis and Classification

1. To diagnose or not to diagnose

2. Turning “bad behavior” into a “disease”

3. Discrete disorder versus disorder on a continuum

Research Methods in Psychopathology

Basic Research Method

Observation →
Theory →
Specific Hypothesis →
Gather Data
Analyze Data
Draw Conclusions
Report Conclusions
Update theory
The Importance of **Replication**

“Truth accrues; error cancels”

The Importance of **Control Groups**

the placebo effect

The Importance of identifying **Confounding Variables**

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**Question of the Week:**

We have recently seen the appearance of “designer drugs” (drugs that target very specific neurotransmitters) that can relieve depression, anxiety, psychosis, and aggression, among other types of psychopathology. What negative possibilities for the individual and for society do designer drugs pose? What are the implications for other paradigms of psychopathology?

**Movie of the Week:**

The Snake Pit starring Olivia de Havilland