

Models of Psychopathology

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PSYCHOANALYSIS

Sigmund Freud (1856-1939) developed psychoanalysis as

- (1) a theory of psychological development, personality, and neurosis;
- (2) a method for studying symbolic cognitive processes and the unconscious; and
- (3) a technique of psychotherapy.

PSYCHOANALYTIC THEORY

There are 3 intertwined strands:

- a ***structural theory*** of personality and the topography of the mind
- a theory of development positing a series of standard ***psychosexual stages***, each marked by
 - a sensual focus on a particular part of the body
 - the need to confront a certain challenging conflict
- the central concept of the ***unconscious***, referring to the hidden workings of dynamic mental processes that cause most emotionally-significant behavior

THE STRUCTURAL THEORY

- ID pleasure principle/primary process
- EGO reality principle/secondary process
- SUPEREGO
 - conscience
 - ego ideal
- ID/EGO conflicts can cause ***neurotic anxiety***
- conflicts between the EGO and external reality can cause ***realistic anxiety***
- conflicts between the EGO and SUPEREGO can cause ***moral anxiety***

The “it” (or, the id) . . .

- The minds of newborn children have practically no structure initially, so infants tend to go directly into action to satisfy the demands of the instincts; the guiding principle is the *pleasure principle*.
- Infants’ thinking patterns are dominated by hallucinatory images, the type we are familiar with when we are daydreaming or dreaming. This form of cognition is known as *primary process*, a form of wishful thinking that coincides with the infant’s difficulty in separating fantasy from reality.

The “me” (or, the ego) . . .

- Children learn to follow the **reality principle** in dealing effectively with life’s demands. This coincides with the development of the **ego**. The id is the original pleasure-seeking mind, driven by instincts, and the ego is the newer, realistic one, driven by the need to compromise with the demands, pressures, and frustrations imposed by the outside world. Threats, internal or external, create anxiety, a signal to the ego to deal effectively and practically with the problem.
- A more mature thinking style develops, **secondary process** thinking, that realistic, pragmatic, goal-oriented, rational cognitive activity that we associate with waking life in adulthood.

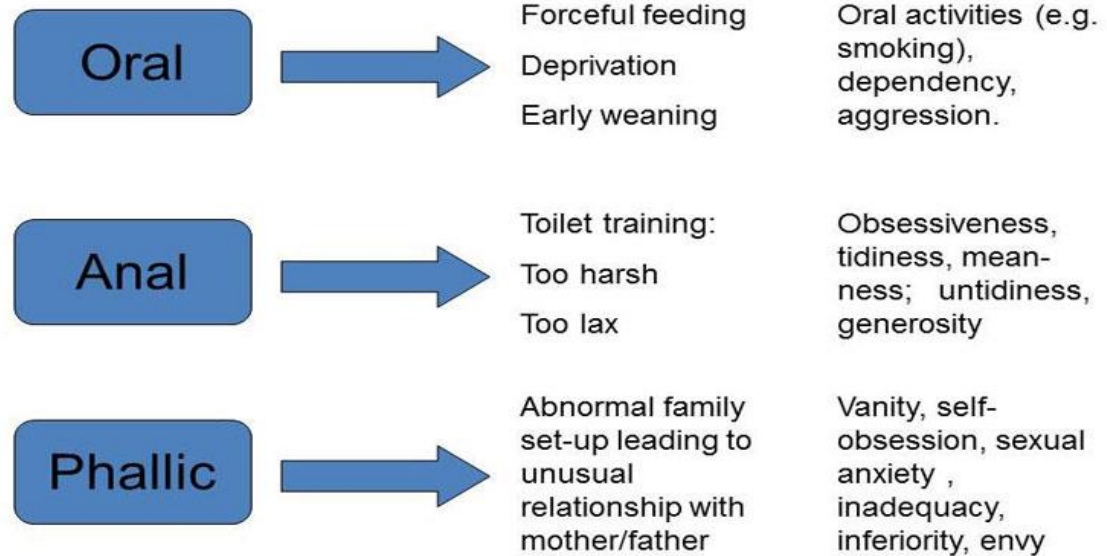
The “over-me” (or, the superego) . . .

- The ***superego*** is an ideal ego that, as the conscience, exercises moral censorship on behavior.
- It contains the commands and prohibitions that we learn from parents, teachers, and others in authority during our childhood years.
- It both arises from, and allows resolution of, the Oedipus complex that all humans have to negotiate at about the age of five

STAGES OF PSYCHOSEXUAL DEVELOPMENT

- ORAL
- ANAL
- PHALLIC
 - The Oedipus Complex
 - The Case of *Little Hans*
- LATENCY
- GENITAL

Fixation + Adult Personality



The oral stage (0 – 18 months)

- Newborn infants are already equipped with a sucking reflex that allows them to feed from the mother's breast or from the bottle, but the breast or the bottle are not always available.
- The resulting frustration is the first significant psychological challenge faced by the infant. Handled poorly, this frustration can lead to ***fixation***.
- Unconsciously, the oral stage brings the hidden threat of the loss of the parent who brings food.

The anal stage (18 months to 4 years)

- The conflicting tendencies are between being tidy, clean, dutiful, and cooperative versus being messy, rebellious, and uncooperative.
- Ideally, parents will approach toilet-training sensitively, presenting neither too great nor too small a challenge at each point.
- If fixation occurs, the child may develop personality traits that are symbolically related to toileting behavior:
- Uncooperative, mean, stingy, and emotionally constricted **versus** generous, giving, careless, wasteful, and emotionally expressive.

The phallic stage (4 - 6 years)

- Themes of rivalry with the same-sex parent for the attention of the other; the Oedipus Complex is resolved partly by **repression** and partly by **identification**, though the process differs for boys and girls.
- “The girl accepts castration as an accomplished fact, whereas the boy fears the possibility of its occurrence” (Freud, 1924/1989, p. 665).

The latency stage (7 to puberty)

- Either a time when whatever may be going on psychosexually is hidden or latent,
- or a stage in which the child's ego functioning develops as he or she learns to deal with the practicalities of school, peer relationships, etc.

The genital stage (puberty to young adulthood)

- After puberty comes the ***genital stage*** in the teenage years, in which young adults learn to focus their sexual interests upon another person.

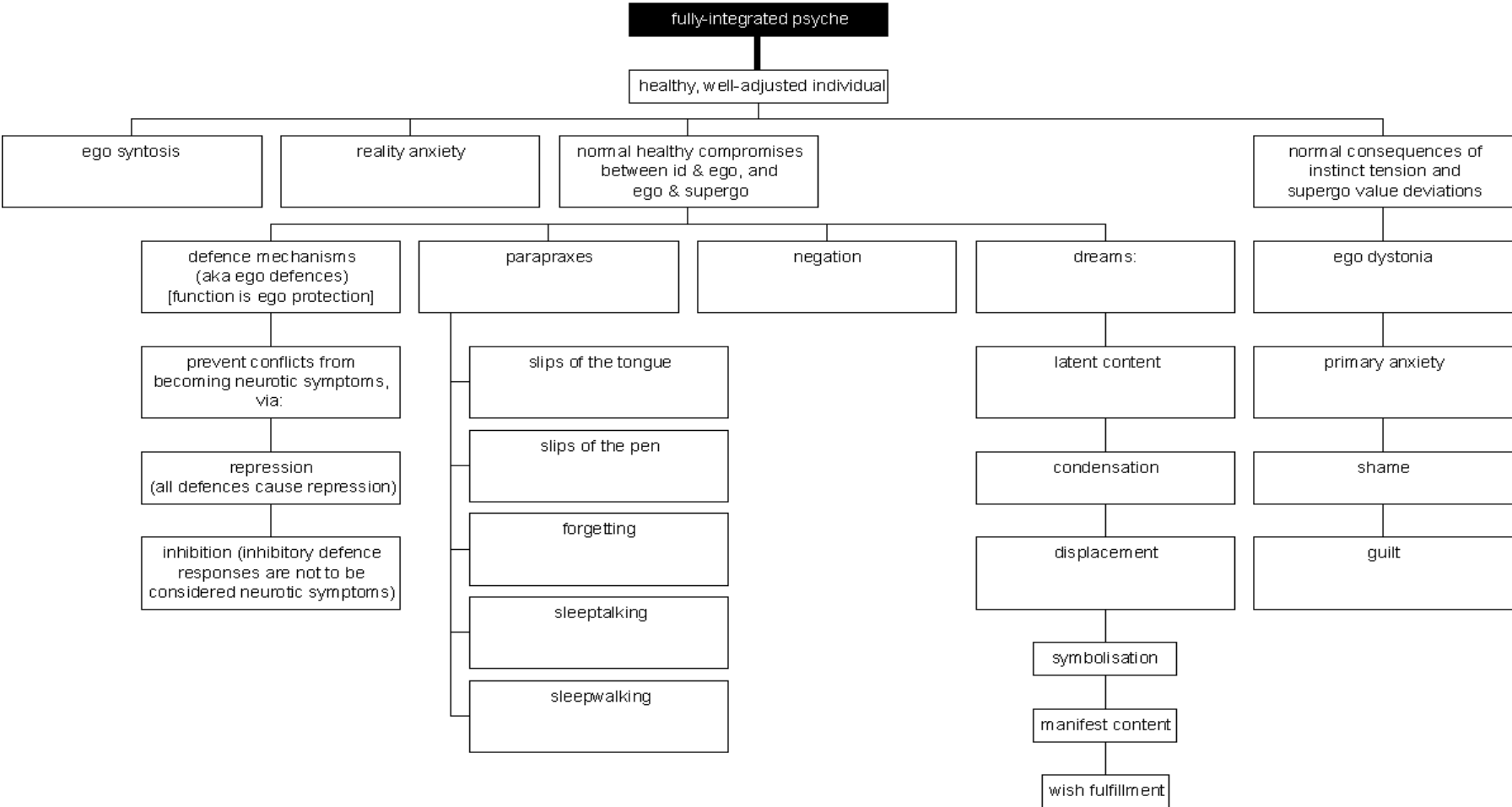
DEFENSE MECHANISMS

- these were described by Anna Freud
- examples include:
 - REPRESSION
 - PROJECTION
 - DENIAL
- defense mechanisms operate unconsciously to protect the ego from threats from the id and from external reality

Psychoanalysis: Influences on Clinical Psychology

- First systematized school of psychotherapy
- Several psychodynamic therapies developed in reaction to Freudian psychoanalysis
- Unconscious processes
- Psychological testing
 - Projective tests

Classical Psychoanalytic Theory of Normal Adjustment



The NEO-FREUDIANS

- the terms include ***ego psychology***, ***object relations***, and the ***cultural school*** of psychoanalysis
- ***neo-Freudians*** was the label both for the innovators in general and for the specific sub-group who gave prominence to interpersonal relationships in personality, psychopathology, and psychotherapy
- Erich Fromm, Karen Horney, and Harry Stack Sullivan represent the Adler-like neo-Freudians who rejected the libido theory and stressed the importance of interpersonal issues

Stage 1 Undifferentiated stage	New born baby has just image of self. Infants believe that caregivers and itself are one. Both have same feelings and desires.
Stage 2 Symbiosis	Infant now can distinguish between good and bad aspect of self plus other image
Stage 3 Separation-individuation	Child begins to differentiate between the self and the other but the child only focuses on good other or bad other.
Stage 4 Integration stage	Now child is able to distinguish between the self and the other and integrate the good or bad images of self and other into complex representation

Splitting: Many people with psychopathology can not fully resolve stage 2 and 3 and prone to seeing self as all good or all bad.
Borderline Personality Disorder

Humanism

- a loosely grouped set of approaches to psychotherapy
- Emphasize potential for positive development and personal growth
- Related to existentialists
- Existential philosophy emphasizes freedom to choose
- With freedom comes responsibility

Client-Centered Therapy

- Carl Rogers (1902- 1987)
- Developed thinking about psychotherapy in the 1940s and 1950s
- Landmark paper in 1957
- Essential conditions for therapeutic change

Assumptions of client-centered therapy

- Actualizing tendency
- Orgasmic Valuing Process
 - Trusting our innate sense of what feels right people will move toward actualizing tendency
- Conditions of Worth
- Therapeutic Principles
 - Nondirective
 - Therapist-offered conditions
 - Empathy
 - Unconditional Positive Regard
 - Genuineness

Humanism: Influences on Clinical Psychology

- Springboard to a variety of forms of psychotherapy
 - Existential analysis
 - Client-centered therapy
 - Gestalt therapy
- Therapist-Offered Conditions central to strong therapist-client alliance across therapies
- Fostered research on *process* of psychotherapy

Behavioral Models

Behavioral Models: Key Assumptions

- Rejection of medical model
- Abnormal – normal continuum
- Basis in experimental psychology
- Direct modification of overt behavior
- Focus on maintaining factors
- Commitment to experimental evaluation of treatment

Behavior Therapy: History

- South Africa
 - Joseph Wolpe (*Psychotherapy by Reciprocal Inhibition*, 1958)
- England
 - Hans Eysenck
 - Monte Shapiro
- United States
 - John B. Watson
 - B.F. Skinner

Learning Theory

- Classical conditioning
 - Unconditioned Stimulus (UCS)
 - Unconditioned Response (UCS)
 - Conditioned Stimulus (CS)
 - Conditioned Response (CR)
- Operant Conditioning
 - Reinforcement
 - Schedules of reinforcement
 - Extinction

Behavioral Models: Influences on Clinical Psychology

- Challenged psychodynamic myths
 - e.g., symptom substitution
- Single case experimental design
- Extensive research on behavioral therapies
- Empirically supported treatments

Cognitive Model

Cognitive Models: Development

- Aaron Beck
 - Cognitive therapy
- Albert Ellis
 - Rational-Emotive Behavior Therapy
- Albert Bandura
 - Social Learning Theory

Cognitive Models: Key Assumptions

- Behavior and emotions are influenced by thoughts and beliefs about events more so than the events themselves
- Expectancies
 - Outcome expectations
 - Self-efficacy
- Observational learning

Cognitive Models: Links to Behavior Therapy

- Commitment to empirical research
- Ties to experimental psychology (cognitive psychology)
- Social learning theory an expansion of classic learning theory

Cognitive Models: Influences on Clinical Psychology

- Empirically supported
 - Panic disorder
 - Social anxiety
 - Depression
 - Bulimia
- Increased in popularity
 - Popular among clinicians
 - Popular among clinical scientists

Interpersonal theories of Abnormality

Early Social & Moral Development

Erikson's Stage Theory in its Final Version			
Age	Conflict	Resolution or "Virtue"	Culmination in old age
Infancy (0-1 year)	Basic trust vs. mistrust	Hope	Appreciation of interdependence and relatedness
Early childhood (1-3 years)	Autonomy vs. shame	Will	Acceptance of the cycle of life, from integration to disintegration
Play age (3-6 years)	Initiative vs. guilt	Purpose	Humor; empathy; resilience
School age (6-12 years)	Industry vs. inferiority	Competence	Humility; acceptance of the course of one's life and unfulfilled hopes
Adolescence (12-19 years)	Identity vs. Confusion	Fidelity	Sense of complexity of life; merging of sensory, logical and aesthetic perception
Early adulthood (20-25 years)	Intimacy vs. Isolation	Love	Sense of the complexity of relationships; value of tenderness and loving freely
Adulthood (26-64 years)	Generativity vs. stagnation	Care	Caritas, caring for others, and agape, empathy and concern
Old age (65-death)	Integrity vs. Despair	Wisdom	Existential identity; a sense of integrity strong enough to withstand physical disintegration

Family System Theory

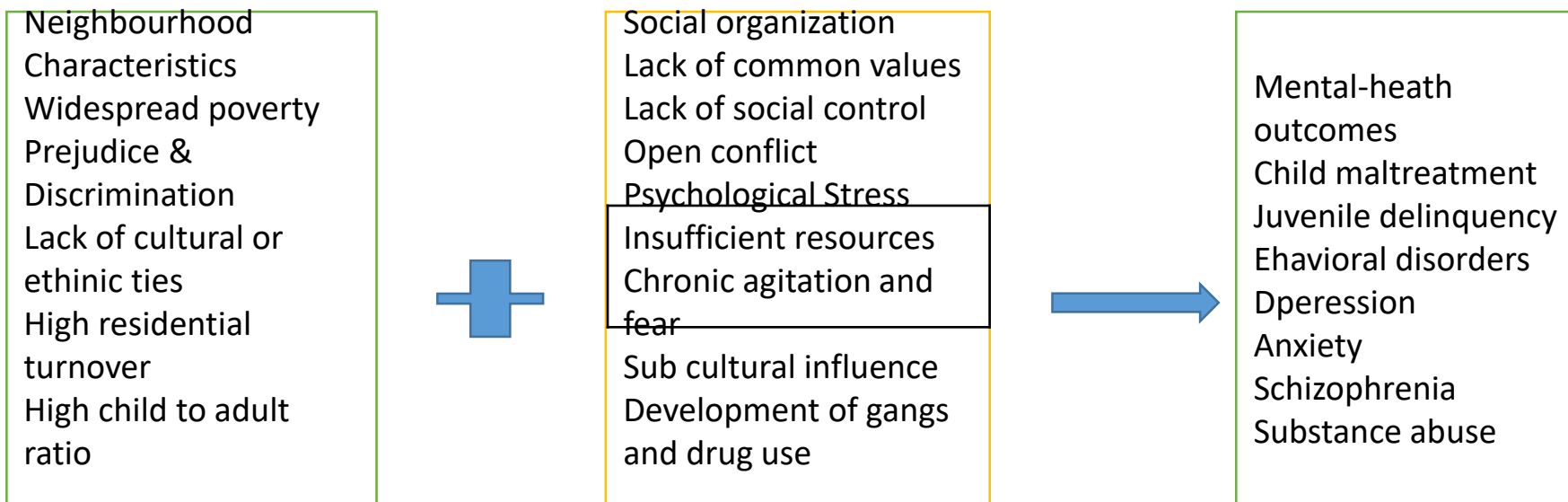
Inflexible Family

Mesh Family

Disengaged Family

Pathological -triangular relationships

social structural model of mental health



Some Biological, psychological and Social Factors

