Psychopathology: Definitions

The Meaning of Psychopathology

- What do we mean by abnormal behavior or psychopathology?
- What is your paradigm?
  - Can be individualized
  - Can be eclectic
    - Must be thoughtful about what this means and always have a consistent theoretical understanding for why you're using techniques from different theories

The Meaning of Psychopathology

- Definitions
  - Mental illness
  - Biological illness
  - Social construction/feminist theory
  - Psychosocial distress
  - Human suffering

The Meaning of Psychopathology

- Definitions or constructions of Psychopathology are cultural constructs
- Questions for therapists:
  - What do you know about the person?
  - How can you understand their suffering?
  - What do you think is the nature of human suffering/psychopathology?
- The current DSM system is only a set of guidelines to be interpreted by the clinician who is assessing a particular client

Are there are properties of behavior which can be judged as normal or abnormal?

- Major properties of abnormal behavior (a la this culture) are
  - (1) there is a subjective sense of distress which is experienced as uncomfortable.
    - (this may not always be present)
  - (2) there is impairment in functioning in one's chosen role, whatever that role may be
- These first two are the most important

Major properties of abnormal behavior

- (3) if and when the behavior gets outside some "acceptable" boundary set by one's culture.
  - This third condition is not sufficient in itself to label a person abnormal.
  - However, this concept of defining behavior culturally is very important.
- Abnormal behavior is culturally defined (zeitgeist)
  - Example: homosexuality - once considered a mental disorder and now is not.
Is there an absolute definition of abnormal behavior?

- Is abnormal behavior abnormal by virtue of its quality or its quantity?
- Do people exhibit different qualities from normal people, or just a different degree of the same quality?

Is abnormal behavior abnormal by virtue of its quality or its quantity?

- This distinction is called the continuity versus discontinuity argument (or quality vs. quantity)
- There is no right answer
  - Depends on the school of thought

Quality or its quantity?

- The quality or discontinuity model looks like this:

  Normal  Abnormal

Even with some overlap in an assumed distribution, you get this:

Quality or its quantity?

Quantity model – small amount of abnormal

- Beck Depression Inventory scores (BDI)
  - Cut-scores say when depressed, can have population mean
  - Is this behavior that is human suffering or only a sample of which is quantitatively assessed?

Statistically, abnormal behavior is deviant
Quality or its quantity?

- Some disorders may fit one model better than the other
- Who is doing the measuring?
- Is there still room for competing models operating at once?
  - e.g. power or feminist models and quantitative
- Imagine a four or five dimensional model with each factor exerting influence

Labeling disorders vs. not labeling?

- It's useful as a short hand means of communicating
  1. communication between psychologists
  2. Insurance companies
  3. research
- Negative effects on the person involved and society's attitude toward the person

Labeling Behavior vs. Labeling the Person

- Keep in mind that we're always talking about classifying a person's behavior, not the person him or herself
- A person is more than the sum of all of her or his behavior
  - Focus is on behaviors that posses the properties mentioned earlier
  - Or is this true?

Behavior vs. Person

**Labeling the person vs the person’s behavior: which of these are better?**

1. "She is a depressed person"
2. "She is a person with depression"/ "She has depression"
3. "She is a person who exhibits behavior consistent with a diagnosis of depression"
4. "She exhibits the following behaviors" / "She says she is sad a lot of the time, has difficulty sleeping, has lost weight, and reports suicidal ideation."

The DSM

- What model does it assume?
  - Why is this important?
- If med \( \rightarrow \) structural pathology, symptom presentation, deviance from norm, etiology?
- Does this fit?
- Given that, what is our goal?

Our constructions

- Patient vs clients
- Therapist as collaborator vs doctor vs guide
- What is therapy?
  - Growth opportunity
  - an intervention
- How do we understand our role in psychopathology?
  - Do no harm
  - Let the client talk (unfold)
  - Provide a direct intervention
Our constructions

- Is the client the expert?
- What tools are we bringing?
- Does our expertise one-down the client or prevent collaboration?

The Context of Practice

- Contextual features for all assessment and treatment
  - (1) Cultural background
    - Ethnicity
    - Gender
    - Sexual orientation
    - Other factors that are cultural
  - (2) Family context
    - Partnerships
    - Children
    - Extended family
    - Living situation
  - (3) Family history
    - Look for proximal variables
    - Look for controlling variables
    - e.g. Does a history of childhood sexual abuse guarantee a particular current family dynamic?
  - (4) Individual history
    - Look for proximal variables
    - Look for controlling variables
    - Look for variables that are changeable
    - What are the variables that make this person this way, given our interests in this client right now