Schools of Thought in Psychopathology

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Main Schools of Thought

- Biological/Biomedical/ Biopsychiatric
- Cognitive/Behavioral
- Psychodynamic
- Social/Sociological
- Existential/Humanistic

"School of thought"

- Large, encompassing theory about (1) what makes people tick, (2) what makes people suffer, and (3) how best to intervene to change people
- Usually has one more revered founder, original writings, training institutes, journals
- Its adherents often stress its accomplishments and downgrade those of competing schools

School of thought: similar to "paradigm"

- Paradigms are conceptual frameworks used by scientists to study the world
- Paradigms specify what counts as science and what legitimate methods can be used to do science
- Paradigms specify what can and cannot be studied by scientists who use the paradigm

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School of thought: "culture of healing"

- It enlist people's thinking, feelings, and actions. Adherents see it as obviously "true," "natural," "beneficial." Not opponents...
- Most claim to be validated by "science," despite their opposite assumptions and conclusions
- The longer one is exposed to a culture from the inside, the more favorably disposed one is to it.

    Fancher, R. (1995). *Cultures of healing*. San Francisco: WH Freeman.

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Schools of thought rise and fall…

- Like cultures and political/economic ideologies, they can become dominant, then lose importance
- When dominant, a school of thought shapes thinking, practice, funding related to mental health in the whole society—and looks like "progress"
- When dominant, a school of thought also stifles innovation & competition
- After some time, it loses its appeal in explaining and dealing with problems—and is often charged with *causing* them. This sets the stage for the next dominant school…
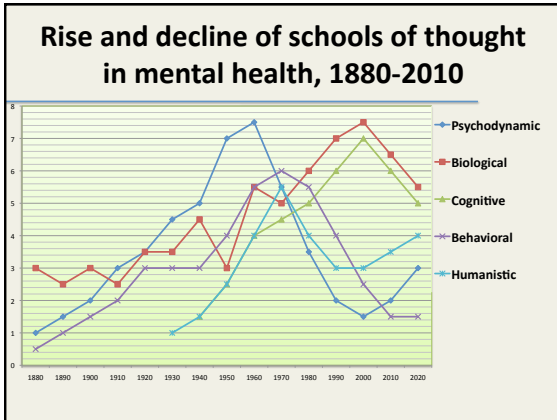
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Rise and decline of schools of thought in mental health, 1880-2010

Biological/Biomedical

- "Mental illness" is a disease of the body. Causes must be found in the body (*somatogenesis*)
- Main etiological assumptions:
  - Abnormal brain development / Chemical imbalances / Disordered genes — all lead to disordered feeling, thinking, behaving
- Main research focus:
  - Brain structure and function (neuroanatomy)
  - Neuronal communication (neurochemistry)
  - Genetics

A single major discovery based on the biological/biomedical school of thought

- Early 1900s: discovery of the physical origins of *general paresis* (neurosyphilis)
- General paresis was a typical form of insanity during 19th-early 20th century
- The discovery that it resulted from late manifestation of infection by syphilis bacteria has *imprinted* itself on psychiatric research. Since then, it seeks for the "twisted molecule behind every twisted thought and behavior"
- However, no physical (genetic, chemical, etc.) cause has been found for any "mental illness"

Key intervention favored in Biomedical school of thought

- **Direct alteration of brain structure and function**
  - Malaria treatment of general paresis (1917, Nobel Prize 1927)
  - Prolonged comas (1920s-1930s)
  - Seizures (1930s-present): insulin coma, ECT
  - Surgical destruction of brain tissue (1940s-1950s, rare today): lobotomy (Nobel Prize, 1949)
  - Psychoactive drugs (1870s-present, big push after 1950s)

Key factors supporting *current* dominance of Biomedical school of thought

- **Popularity of psychoactive drugs**
  - Public's desire/appreciation for drugs takes pressure away from the need to demonstrate *scientific* basis for the school of thought
- **Support from the pharmaceutical industry**
  - Financial, logistical, educational, advertising, support for model is enormous and overwhelms all alternatives.
  - *Could the model survive without it?*

The Cognitive school of thought

- Theorists seek to understand how people process information and learn
- Individual seen as active constructor of personal knowledge by cognition: perception, judgment, memory, reasoning, etc.
- Cognition believed to mediate all aspects of human functioning
- Formation of beliefs, attributions, and expectations seen as particularly important

- Individuals act according to their *mis-representations* of events/reality (based on *selective/erroneous* attention, interpretation)
- Some "mis-representations" are termed "maladaptive thoughts": they create unpleasant feelings and lead to undesired behavior (psychopathology)
- They can be changed by training, leading to changes in feelings and behaviors
- Thoughts, feelings, and behavior mutually influence each other

Main founders/pioneer clinicians

- Aaron Beck (b. 1921), "cognitive therapy"
  - Developed specific theory to guide and test his form of cognitive therapy
  - Key constructs: cognitive distortions, cognitive triad, negative automatic thoughts
- Albert Ellis (1913-2007), "rational emotive therapy"
  - De-emphasis of early childhood experiences, use of philosophical and "rational" thinking, use of homework
  - Active, optimistic, assertive

Focus of cognitive therapy

- Identify maladaptive thoughts (distorted beliefs, attributions, expectations) about events
- Identify alternative ways of thinking about the events
- Test these alternative ways in safe environments
- Practice repeating them in real world

Psychodynamic school of thought

- Psychoanalysis is the foundation of most western concepts of/in psychopathology
- A *deterministic* theory: earlier events control (determine/have profound effects on) behavior.
- Behavior is biologically-based, propelled by tensions created by innate drives (sexual and aggressive)

Key assumptions

- Consciousness is the exception rather than the rule; individuals are unaware of most of their mental processes
- Unconscious motivations are largely responsible for conscious actions, feelings, thoughts
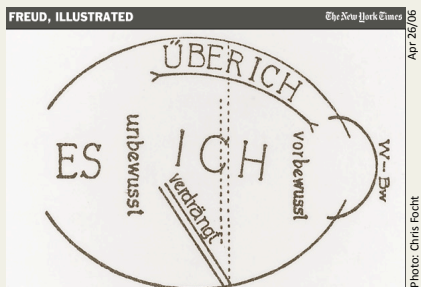- Unconscious/preconscious/conscious
- Structure: id/ego/superego

Freud's model of the "mind" (~1930)

FREUD, ILLUSTRATED — The New York Times, Apr 26/06 — Photo: Chris Focht

unbewusst: "unconscious" *vorbewusst*: "preconscious"
verdrängt: "repressed" *W-Bw*: "perception-consciousness"

Key psychoanalytic concepts in personality development

- Psychosexual stages of personality development
  - At each stage, the id derives pleasure from a distinct area of the body (oral, anal, etc.)
- Defense mechanisms
  - Impulses from the id are blocked from expression, which creates anxiety. To reduce anxiety, the ego uses defense mechanisms (such as repression, denial, projection, displacement, etc.)

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Focus of psychodynamic therapy

- Explore those aspects of the self that are not fully known—especially as they manifest themselves in the therapeutic relationship—in order to develop insight

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Elements of psychodynamic psychotherapy

These are more or less used depending on the frequency and duration of therapy

- **Free association** (Say anything that comes to mind and I promise to keep it secret)
- **Analyst's interpretations** (here's the meaning of what you say and do according to psychoanalytic theory)
- **Dream analysis** (the royal road to the unconscious)
- **Analysis of *resistance*** (why you resist the analyst's interpretations)
- **Analysis of *transference*** (why you treat the analyst like a parent)

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"Neo-Freudian" and "modern" schools de-emphasize innate sex/aggression drives and emphasize ego's adaptation to society

- **Individual Psychology** (Alfred Adler)
- **Analytical Psychology** (Carl Jung)
- **Ego Psychology** (Karen Horney, Erik Erikson)
- **Object Relations Theory** (Melanie Klein, Otto Kernberg)
- **Interpersonal Therapy** (Harry Stack Sullivan)
- **Attachment Theory** (John Bowlby)
- **Self Psychology** (Heinz Kohut)

Critiques of psychoanalytic theory

- Based on limited empirical evidence
- Loose or tautological guidelines for interpreting evidence
- **Also**: Treatment may be too lengthy and expensive; Favors clients with well-developed verbal skills and higher education
- **But**—*demonstrates equivalent "effectiveness" as other forms of psychotherapy*

Shedler, J. (in press). The efficacy of psychodynamic psychotherapy. *American Psychologist*.

Two neglected *political* principles underlying psychoanalytic therapy

- The therapist is the *agent of the patient* (not of the state, institution, family)
- Confidentiality is essential for the patient to grow and learn within the therapeutic relationship
- *Frequency of involuntary treatment & requirements to warn have battered these principles in recent times!*

Social/Sociological School

- Originates from foundational anthropological and sociological studies from 1880s onward
- Views individuals as *embedded* in a social world—they have social roles, social expectations, social limitations, social possibilities
- Both *objective conditions* and *subjective perceptions of conditions* are important

Key findings

- Empirical evidence on *social causes of psychological distress* comes mainly from large, population-based surveys
- Consistently, across generations and countries, *female gender, low income, unemployment, and lack of education* are associated with higher rates of distress
- "Lack of control"/powerlessness—both objective and subjectively perceived—seen as key mediating variable in poor outcomes

Existential/Humanistic School

- More philosophical than "scientific": Based on existential and humanistic philosophy, emphasizes *free will*, rejects determinism, ignores labeling and diagnosis
- Kierkegaard (1813-1855): Making choices and commitments—and avoiding them and failing to take responsibility—is what humans do and necessarily creates anxiety.
- Behavior is *willed* (and inappropriately explained in terms of cause and effect).
- Humanistic philosophy has deep faith in the tendency of humans to develop positively and to grow toward "self-actualization"
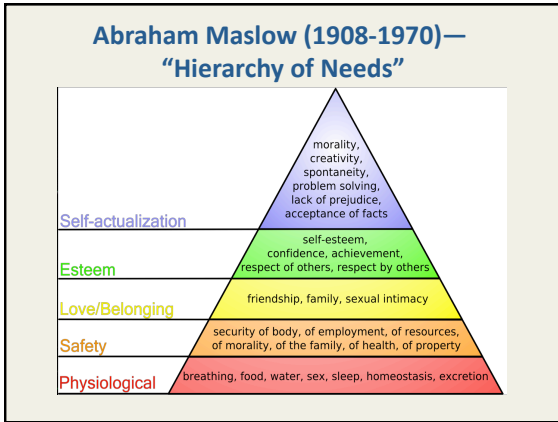
Abraham Maslow (1908-1970)— "Hierarchy of Needs"

morality, creativity, spontaneity, problem solving, lack of prejudice, acceptance of facts

Self-actualization

self-esteem, confidence, achievement, respect of others, respect by others

Esteem

friendship, family, sexual intimacy

Love/Belonging

security of body, of employment, of resources, of morality, of the family, of health, of property

Safety

breathing, food, water, sex, sleep, homeostasis, excretion

Physiological

Carl Rogers' (1902-1987) theory for his "Client-centered Therapy"

- People start with an internal locus of control, then learn to value things—and themselves—from others' perspectives
- This can stifle the person's ability to grow
- Gap between self-image and reality
- Negative conditions of worth placed by others on a person can lead to severe distress, denial, distortion of reality, lack of choice
- To reverse the process, an experience of being accepted and valued without condition is required, and of being known from the vantage point of one's own feelings

"Person-" and "Client-Centered"

- "Necessary and sufficient" for client change:
  - *Empathy* (recognizing a person's feelings and experiences)
  - *Unconditional positive regard* (accepting the client with warmth)
  - *Congruence* (offering a genuine relationship)
- Client will develop new self-concept

"Person-" and "Client-Centered"

- Foundational and popular in social work practice
- Seems to reflect "obvious" truths of all helping relationships
- Emphasizes qualities of helpers / strengths of clients

Existential Psychotherapy

- **Main clinicians:** Rollo May; Irvin Yalom; Medard Boss; Victor Frankl; William Glasser
- Emphasizes that humans are alone, mortal, and free (to create meanings and values)
- Anxiety results from awareness of human condition—it is not "pathological"
- Anxiety is reduced by living an "authentic" life: confronting anxiety head-on, choosing to pursue one's dreams, accepting responsibility for one's actions
- Anxiety is never eliminated; the goal of a "happy" life is illusory—"happiness" comes from our created meanings and our commitments

Gestalt/Experiential Therapy

- Focus on the "here and now"—on identifying and neutralizing obstacles to fully experiencing the moment and being genuine and congruent
- Varying emphasis on bodily states and wisdom of the organism, and on non-verbal cues and communication
- Enactments, empty-chair technique, dream interpretation

Critique of Humanistic/Existential School

- Are humans really inherently good?
- Does anyone have the necessary skills to change?
- Is social context neglected?
- **But:**
- Rogers invented psychotherapy research
- Emphasis on client's strengths

The "Common Factors" approach

- "Equivalent results"—all major forms of psychological/psychoactive drug treatment produce, on average, **equivalent results**
- People who undergo *any kind of therapy* usually report improvement
- Clients judge physicians, social workers, and psychologists identical in effectiveness
- Meta-analyses of (all kinds of) psychotherapy outcome studies report effect sizes ranging from .62 to .85 (Shedler, in press)
- Meta-analyses of antidepressant drug studies report effect sizes ranging from .17 to .32 (Shedler, in press)

Rosenzweig (1936): 4 common factors in helping approaches lead to positive outcomes

- 1) an emotionally charged and trusting relationship with a hopeful healer
- 2) a healing setting where one can expect to improve
- 3) a therapeutic rationale that both therapist and client can believe in
- 4) believable treatment techniques and rituals