

# PSYC 303: Introduction to Psychopathology — Reference Sheet

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# 1 Forewarning

Many of the definitions in this document will come from *Abnormal Psychology*.

Diagnoses used here are drawn from *Diagnostic and statistical manual of mental disorders : DSM-5*.

## 2 Historical Context

We are concerned with both Psychological Disorders and Psychological Dysfunctions.

**Defn 1** (Psychological Disorder). There are 3 criteria for a *psychological disorder*:

1. Psychological Dysfunction
2. Distress or Impairment. The Psychological Dysfunction must cause distress to the individual, or impair their ability to function “normally”
3. The response to the Psychological Dysfunction must be *atypical* or *not culturally expected*. Some people with disorders that do not affect their life terribly strongly might be considered “eccentric” or “talented”. In addition, the more productive you are, the more abnormal you can be without society making a big fuss about it.
  - Note that “normal” does **not** refer to, for example, political dissidents.

**Defn 2** (Psychological Dysfunction). *Psychological dysfunction* refers to a breakdown in cognitive, emotional, or behavioral functioning. For example, if you are out on a date, it should be fun. But if you experience severe fear all evening and just want to go home, even though there is nothing to be afraid of, and the severe fear happens on every date, your emotions are not functioning properly.

*Remark 2.1* (Harmful Dysfunction). *Harmful dysfunction* is a narrowing of the idea of a Psychological Dysfunction. Namely, it is concerned with whether the behavior is out of the individual’s control.

But it is never easy to decide what represents a Psychological Dysfunction, and we may never be able to satisfactorily define disease or Psychological Disorder. The best we may be able to do is to consider how the apparent disease or disorder matches our current understanding of its Prototype.

**Defn 3** (Prototype). A *prototype* is a “typical” profile of a disorder.

A patient may present only some features or symptoms of the disorder (there exists a minimum number) and still meet criteria for the Psychological Disorder because their set of symptoms is close to the Prototype.

### 2.1 Psychopathology

**Defn 4** (Psychopathology). *Psychopathology* is the scientific study of psychological disorders. This field contains many different branches, including:

- Clinical Psychologists
- Counseling Psychologists
- Psychiatrists
- Psychiatric Social Workers
- Psychiatric Nurses
- Marriage and Family Therapists
- Mental Health Counselors

They study patients that are Presenting a problem.

**Defn 5** (Present). *Present* is a traditional shorthand way of indicating why the person came to the clinic.

The effects that the patient Presents are used to form a Clinical Description.

**Defn 6** (Clinical Description). A *clinical description* represents the unique combination of behaviors, thoughts, and feelings that make up a specific disorder. The clinical portion of the phrase refers both to the types of problems or disorders that you would find in a clinic or hospital and to the activities connected with assessment and treatment.

Both the course of the Psychological Disorder and the onset are used to determine the Prognosis.

**Defn 7** (Prognosis). The anticipated course of a disorder is called the *prognosis*.

### 2.1.1 Branches of Psychopathology

**Defn 8** (Clinical Psychologist). *Clinical psychologists* receive the Ph.D., doctor of philosophy, degree (or sometimes an Ed.D., doctor of education, or Psy.D., doctor of psychology) and follow a course of graduate-level study lasting approximately 5 years, which prepares them to conduct research into the causes and treatment of psychological disorders and to diagnose, assess, and treat these disorders. Clinical psychologists usually concentrate on more severe Psychological Disorders.

**Defn 9** (Counseling Psychologist). *Counseling psychologists* receive the Ph.D., doctor of philosophy, degree (or sometimes an Ed.D., doctor of education, or Psy.D., doctor of psychology) and follow a course of graduate-level study lasting approximately 5 years, which prepares them to conduct research into the causes and treatment of psychological disorders and to diagnose, assess, and treat these disorders. Counseling psychologists tend to study and treat adjustment and vocational issues encountered by relatively healthy individuals.

**Defn 10** (Psychiatrist). *Psychiatrists* first earn an M.D. degree in medical school and then specialize in psychiatry during residency training that lasts 3 to 4 years. Psychiatrists also investigate the nature and causes of psychological disorders, often from a biological point of view; make diagnoses; and offer treatments. Many psychiatrists emphasize drugs or other biological treatments, although most use psychosocial treatments as well.

**Defn 11** (Psychiatric Social Worker). *Psychiatric social workers* typically earn a master's degree in social work as they develop expertise in collecting information relevant to the social and family situation of the individual with a Psychological Disorder. Social workers also treat Psychological Disorders, often concentrating on family problems associated with them.

**Defn 12** (Psychiatric Nurse). *Psychiatric nurses* have advanced degrees, such as a master's or even a Ph.D., and specialize in the care and treatment of patients with Psychological Disorders, usually in hospitals as part of a treatment team.

**Defn 13** (Marriage and Family Therapist). *Marriage and family therapists* typically spend 1 to 2 years earning a master's degree and are employed to provide clinical services by hospitals or clinics, usually under the supervision of a doctoral-level clinician.

**Defn 14** (Mental Health Counselor). *Mental health counselors* typically spend 1 to 2 years earning a master's degree and are employed to provide clinical services by hospitals or clinics, usually under the supervision of a doctoral-level clinician.

### 2.1.2 Some Concerns of Psychopathology

Psychopathology works with individuals to improve their particular issue. But, they also have some other concerns as well.

**Defn 15** (Prevalence). *Prevalence* is how many people in the population as a whole have the disorder.

**Defn 16** (Incidence). *Incidence* is the statistic on how many new cases occur during a given period.

Some other statistics include:

- The sex ratio, what percentage of males and females have the disorder.
- The typical age of onset, which often differs from one disorder to another.
- The course of the Psychological Disorder.

## 2.2 Courses of Psychological Disorders

**Defn 17** (Chronic Course). A *chronic course*, means that the Psychological Disorder tends to last a long time, sometimes a lifetime.

**Defn 18** (Episodic Course). An *episodic course*, means that the Psychological Disorder will have a sequence of episodes in which the individual recovers, only to suffer a recurrence of the disorder. This may occur throughout the individual's life.

**Defn 19** (Time-Limited Course). *Time-limited course*, meaning the disorder will improve without treatment in a relatively short period with little or no risk of recurrence.

## 2.3 Onset of Psychological Disorders

The onset of particular Psychological Disorders can vary quite widely.

**Defn 20** (Acute Onset). An *acute onset* Psychological Disorder is one where the disorder begins quite suddenly.

**Defn 21** (Insidious Onset). An *acute onset* Psychological Disorder is one where the disorder begins quite suddenly.

## 2.4 Models of Abnormal Behavior

There are three main models that have been and continue to be used today:

1. The Supernatural Model
2. The Biological Model
3. The Psychological Model

### 2.4.1 The Supernatural Model

Deviant behavior has been considered a reflection of the battle between good and evil. When confronted with unexplainable, irrational behavior and by suffering and upheaval, people have perceived evil.

**Defn 22** (Supernatural Model). The driving factors in the *supernatural model* are:

- Divinities
- Demons
- Spirits
- Other phenomena such as:
  - Magnetic fields
  - The moon
  - The stars

While this model is still alive today, it is limited to small religious sects and primitive cultures. Most members of organized religions today turn to psychology and medical science for help with Psychological Disorders.

### 2.4.2 The Biological Model

The Biological Model was initially developed by Hippocrates his associates left a body of work called the *Hippocratic Corpus*, written between 450 and 350 B.C.. In this work, they suggested that Psychological Disorders could be treated like any other disease. In addition, they did not limit their search for the causes of Psychopathology to the general area of “disease,” because they believed that psychological disorders might also be caused by brain pathology or head trauma and could be influenced by heredity (genetics).

**Defn 23** (Biological Model). The *biological model* states that abnormal behavior arises from the body influencing the mind.

This model has gone through phases of interest and disinterest. When it becomes the only explanation for mental health issues, it tends to lead to focusing solely on improving the life of the patient through rest, relaxation, proper diet, proper exercise, etc. However, when taken to the extreme, this leads to a complete neglect and disinterest in the potential mental and emotional explanations for various Psychological Disorders.

### 2.4.3 The Psychological Model

Plato was one of the first to explain that mental health issues were caused by poor environments and learning centers. For example, Plato thought that the two causes of maladaptive behavior were the social and cultural influences in one’s life and the learning that took place in that environment. If something was wrong in the environment, such as abusive parents, one’s impulses and emotions would overcome reason. In his mind, the best treatment was to reeducate the individual through rational discussion so that the power of reason would predominate.

This formed the precursor to modern psychosocial treatment.

**Defn 24** (Psychological Model). The *psychological model* states that abnormal behavior arises from the mind influencing the body.

In history, there were two movements in this model:

1. Psychoanalytic, which involved analyzing the mind and the patient’s history to determine their treatment.
2. Behavioral, which involved identifying the issue and changing the patient’s behavior to the issue through slow changes to the situation intended to show there is not inherent discomfort.

Freud stated that the mind has three components:

1. The Id.
2. The Ego.
3. The Superego.

**Defn 25 (Id).** The *id* is the source of our strong sexual and aggressive feelings or energies. It is, basically, the animal within us; if totally unchecked, it would make us all rapists or killers.

The id processes information according to the *primary process*, which is emotional, irrational, illogical, fantastical, and preoccupied with sex, aggression, selfishness, and envy.

**Defn 26 (Ego).** The *ego* is the part of our mind that ensures that we act realistically. It operates according to the according to the reality principle instead of the pleasure principle of the Id.

The cognitive operations or thinking styles of the ego are characterized by logic and reason and are referred to as the *secondary process*.

The ego is responsible for ensuring the Superego and Id are in balance.

**Defn 27 (Superego).** The *superego*, represents the moral principles instilled in us by our parents and our culture. It is the voice within us that nags at us when we know we're doing something wrong.

It is fundamentally at odds with the Id.

## 2.5 Scientific Method and Integrative Approach

This is the modern approach to psychopathology. It is founded on the principle that any time a person does something, both the brain and the body are working together. In addition, the person's thoughts are influencing their actions, and together they form our response.

## References

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